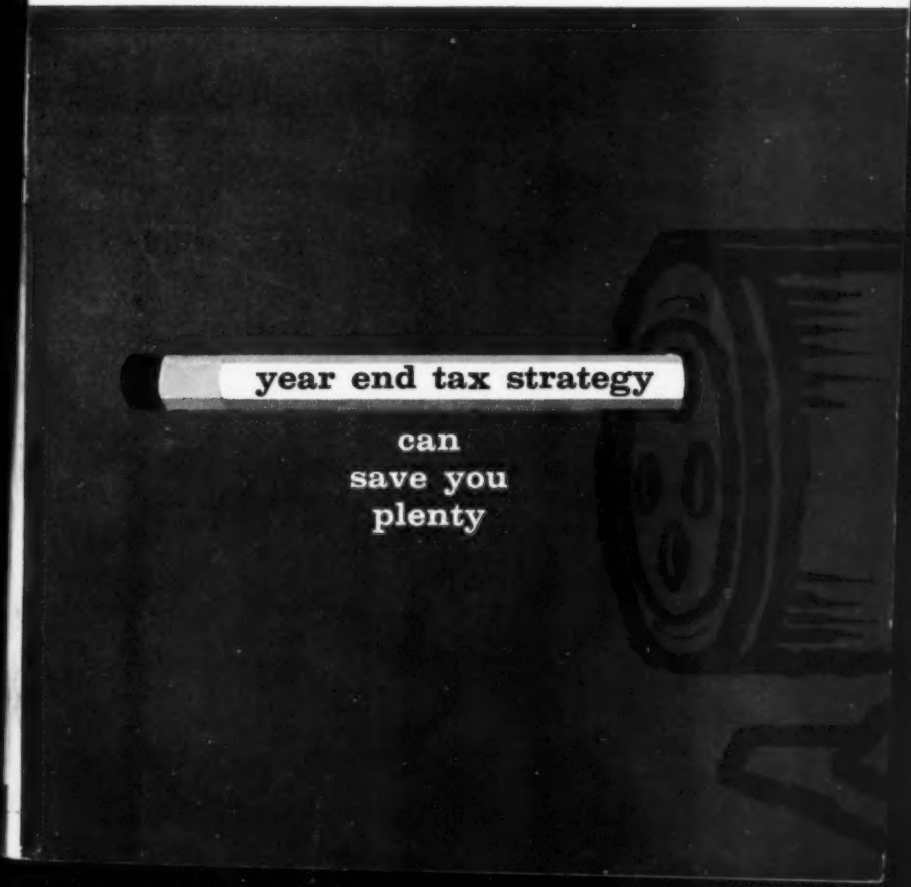
# Medical Economics

*Published every other Monday • Issue of December 5, 1960*

**He thinks you mishandle patients**

***How your collections compare***

**GIFTS YOU CAN GIVE YOUR COLLEAGUES**




XUM




# Alertonic alerts the mind tones the body

**here's why:** Each day's dose of Alertonic (3 tablespoonfuls) contains:

**a mild psychic stimulant:** Meratran (pipradrol) Hydrochloride, 2 mg.

**abundant vitamins & minerals:** Vitamin $B_1$ (Thiamine Hydrochloride), 10 mg.; Vitamin $B_2$ (Riboflavin), 5 mg.; Vitamin $B_6$ (Pyridoxine Hydrochloride), 1 mg.; Niacinamide, 50 mg.; Choline, 100 mg.; Inositol, 100 mg.; Iodine (as Potassium Iodide), 1 mg.; Calcium Glycerophosphate, 100 mg. and one milligram of each of the following: cobalt, manganese, magnesium, zinc, molybdenum.

**in a rich 15% alcohol base**

*Dosage:* One tablespoonful t.i.d. 30 minutes before meals.

*Supplied:* Pint bottles, on Rx only.

To date more than 30 million doses have been prescribed.

Merrell SINCE 1828

THE WM. S. MERRELL COMPANY
CINCINNATI, OHIO • ST. THOMAS, ONTARIO

TRADEMARKS: ALERTONIC®, MERATRAN®

# What's ahead for you

*Medical Economics, December 5, 1960*

CONGRESS WON'T RUSH YOU into Social Security. Here are a top-echelon Democrat's predictions on two key issues. Social Security-paid care for the aged: "It's no shoo-in, but certainly this will come up in both houses. Its chances of passing are better now than in the past. Since there's no veto threat, a two-thirds majority isn't needed." Social Security for all M.D.s: "It's unlikely before 1962."

---

SHOULD YOU TAX-DEDUCT for a study in your home? Yes, tax experts say, if you can prove its practice-connected uses. Some 15 per cent of all physicians now take such a deduction; another 15 per cent apparently could but don't.

---

YOU'LL FACE SOME NEW RISKS if you buy into one of those schemes for getting more than 3 per cent from insured commercial bank accounts. The deal is arranged through brokers, who use your money to make up the minimum balance that borrowing companies must keep at their bank. You buy a company's "certificate of deposit" at a discount, priced to yield you 5 per cent. Now the Federal Deposit Insurance Corp. says such accounts aren't covered by insurance.

---

YOUR INCOME WON'T DIP MUCH even if there's a recession in the next few months, predicts Investment Expert David L. Babson, because your patients' incomes won't dip much. In the



XUM

1957-58 recession, he points out, personal income actually rose 2.5 per cent. The chief reason: Unemployment compensation and union benefits took up the slack in earnings.

HOW WILL THE KENNEDY TAKE-OVER affect your investments? More Government money will go for aircraft, missiles, housing, agriculture, education, and roads. So you can expect to see improvement in the stocks of companies with a major stake in any of these fields.

UNION THREATS MAY SUBSIDE if a new plan being tried in New York sets a pattern. In the past, N.Y. unions have threatened to build their own hospitals and even medical schools if health costs don't come down. Now the Central Labor Council, representing 1,000,000 unionists, has asked a committee of twenty-odd medical leaders for "guidance and perhaps answers."

WHAT CEILING ON TAKE-HOME PAY? The most a physician can net after taxes seems to be about $50,000. Only one doctor in 3,200 surveyed exceeded that in 1959, according to MEDICAL ECONOMICS' Continuing Survey.

YOUR RXs MAY NOT BE FILLED at small drugstores much longer. Your patients may have to travel some distance. That's the prediction of a New

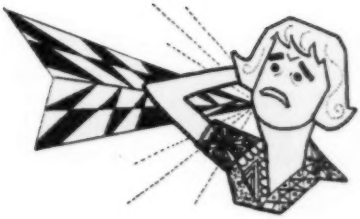


XUM

**1.** ANACIN is superior to aspirin or buffered aspirin...




**2.** In the management of tension headache



**3.** ANACIN possesses selective sedative action that eases tension, pressure as well as the pain



ANACIN®

ANALGESIC TABLETS

*For a better 'total' effect in pain-relief*

WHITEHALL LABORATORIES, NEW YORK, N.Y.

XUM

York ad agency executive and pharmacist, Warren R. Jacobson. There are too many drugstores in the country, he says—53,154 of them—and small ones are closing because they can't compete.

---

THERE'S STILL A CHANCE you can claim capital-gain treatment for "goodwill" when another doctor buys into your practice. Only last September, the I.R.S. denied that there's any goodwill value (taxable at low capital gain rates) in the sale of a professional practice. Since then, the Tax Court and a U.S. District Court have held otherwise in cases involving a C.P.A. and a dentist.

---

LOOK FOR UNCLE SAM TO CONTROL more and more of our medical research. Latest A.M.A. data show that one medical school faculty member in four now gets part of his income from Federal research grants. One in seven gets at least half his income from Uncle Sam.

---

BAD NEWS FOR CLINICS hoping to set up Kintner-type pension plans: The I.R.S. has just issued final regulations covering any such plan. They make it "almost impossible for groups to qualify in the thirty-eight states following the Uniform Partnership Act," one tax expert concludes. Groups must show that they have continuous life, centralized management, and limited liability, all barred by the Act.



XUM

*now! by mouth! a liquid bronchodilator terminates acute asthma in minutes with virtually no risk of gastric upset*

# ELIXOPHYLLIN®

*oral liquid*

Following oral dosage of 75 cc. Elixophyllin, mean blood levels of theophylline at 15 minutes[1] exceed those produced by 300 mg. aminophylline I.V.[2]—and therapeutically effective[3] levels persist for hours.[1]

- No sympathomimetic stimulation
- No barbiturate depression
- No suppression of adrenal function

Each tablespoonful (15 cc.) contains theophylline 80 mg. (equivalent to 100 mg. aminophylline) in a hydroalcoholic vehicle (alcohol 20%).

**For acute attacks:** Single dose of 75 cc. for adults; 0.5 cc. per lb. of body weight for children.

**For 24 hour control:** For adults 45 cc. doses before breakfast, at 3 P.M., and before retiring; after two days, 30 cc. doses. Children, 1st 6 doses 0.3 cc.—then 0.2 cc. (per lb. of body weight) as above.


1. Schluger, J. et al.: Am. J. Med. Sci. 233:296, 1957.
2. Bradwell, E. K.: Acta med. scand. 146:123, 1953.
3. Truitt, E. B. et al.: J. Pharm. Exp. Ther. 100:309, 1950.


REFER TO PDR PAGE 812

Sherman Laboratories

Detroit 11, Michigan



XUM

# NEW PROTEIN TISSUE-BUILDING AGENT

# ADROYD® N+

oxymesterone
Parke-Davis

FOR SIGNIFICANT ANABOLIC GAINS IN: ASTHENIA (UNDERWEIGHT, ANOREXIA, LACK OF VIGOR); CONVALESCENCE FROM SURGERY OR SEVERE INFECTIONS; WASTING DISEASES; BURNS; FRACTURES; OSTEOPOROSIS; AND IN OTHER CATABOLIC STATES

■ PROMOTES AND MAINTAINS POSITIVE NITROGEN BALANCE ■ HELPS RESTORE APPETITE, STRENGTH, AND VIGOR ■ BUILDS FIRM, LEAN MUSCULAR TISSUE ■ FAVORABLY INFLUENCES CALCIUM AND PHOSPHORUS METABOLISM ■ PROMOTES A SENSE OF WELL-BEING

ADROYD PROVIDES HIGH ANABOLIC ACTIVITY – The tissue-building potential of ADROYD exceeds its androgenic action to the extent that masculinizing effects have not been a problem in clinical use.* Other advantages of ADROYD are: Neither estrogenic nor progestational. No significant fluid retention. Apparent freedom from nausea, vomiting, and other gastrointestinal disturbances. Effective by the oral route.

See medical brochure, available to physicians, for details of administration and dosage.

*Supplied:* 10-mg. scored tablets, bottles of 30.

*Reprints to Department of Clinical Investigation, Parke, Davis & Company, 1958 and 1959.

PARKE-DAVIS

# Medical Economics

*National business magazine for physicians, December 5, 1960*

## *Contents*

**What's ahead 1. Letters 19. Memo from the editors 300.**

**Professional briefs 31. Financial briefs 179.**

*Your collections:*

**How your collection ratio compares. 26**

General practitioners and specialists alike reached an all-time high in percentage of bills collected in 1959. MEDICAL ECONOMICS' Continuing Survey shows where doctors stand on the collections ladder

*Your patients:*

**He thinks you mishandle patients. 38**

Research Psychologist Richard Blum has spent five years studying doctor-patient relations. He finds a lot wrong with them. He explains why physicians and their patients are drifting apart. And he gives his ideas, often controversial, for improving those relations

**Moments of truth in medicine. 67**

More illustrations of the use of common sense in medical practice—as applied to diagnostic tests, Stat. orders, and folk medicine

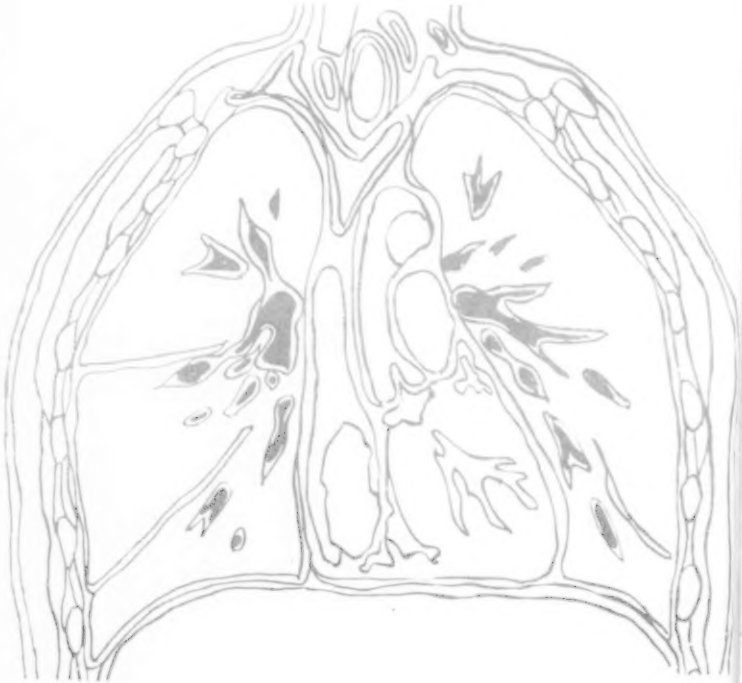
---

Copyright © 1960 by Medical Economics, Inc. All rights reserved under Universal and Pan-American Copyright Conventions. Published fortnightly at Oradell, N. J. Vol. 37, No. 25. Price 60 cents a copy, $12.50 a year (Canada and foreign, $15). Circulation, 179,000 physicians in private practice. Address all editorial and business correspondence to MEDICAL ECONOMICS, Oradell, N.J. *Picture credits:* Cover, 83, Graphic Directions, Inc.; 38, Ted Strehensky, Pix, Inc.; 40, 42, Ed Nano, Pix, Inc.; 41, Bush, Pix, Inc.; 45, Seubert, Pix, Inc.; 46, Fuller, Pix, Inc.; 66, James McAnally, Graphic House, Inc.; 76, Mort Temes; 88, Dave Harbaugh; 110-112, 162, Roy Stevens; 132 top, 215, 238, Clifton Wheeler; 132 bottom left and right, Ruth Soudak, F.P.G.; 132 center, Corwin Wherrett, F.P.G.; 133 left, Harold Wahlen, F.P.G., center, Bob Long, F.P.G., right, Kazik Pazowski, F.P.G.; 140, Irv Carsten, Graphic House, Inc.; 150, 231, Stanley Stamaty; 183, Edward Ozern; 226, X. Wetterberg; 233, H. Armstrong Roberts; 238, Wide World Photos; 241, Beattie Watts; 242, 244, Underwood and Underwood; 294, Larry Katzman.

for chronic bronchitis

# Tetrex® capsules

**effective control of pathogens...with an unsurpassed record of safety and tolerance**



**SUPPLY:** TETREX Capsules – tetracycline phosphate complex – each equivalent to 250 mg. tetracycline HCl activity. Bottles of 16 and 100.

TETREX Syrup – tetracycline (ammonium complex) phosphate buffered) syrup – equivalent to 125 mg. tetracycline HCl activity per 5 ml. teaspoonful. Bottles of 2 fl. oz. and 1 pint.

BRISTOL LABORATORIES, SYRACUSE, NEW YORK
Div. of Bristol-Myers Co.,

XUM

*Your taxes:*

**Year-end tax strategy can save you plenty. 82**

Planning your investment transactions now can cut your tax bill. It's a sure-fire technique for saving money. You'll want to go over your portfolio with these suggestions in mind—and then act fast

*Your family:*

**How a $16,000-a-year medical family lives. 110**

This middle-bracket physician—whose income is on the way up—keeps his aim on one key target: home ownership. Here's how he and his family spend and save in order to hit an eventual bullseye

*Your practice:*

**How your accounts receivable compare. 126**

Now for the first time you can check what your patients owe you against the national figures. This is another in a series of reports based on a scientifically conducted poll of physicians in the U.S.

**Practice management question box. 132**

What are the biggest problems in your practice? Management men and physicians will help you solve them in this new feature

**Giving a talk? Now you can bring your own loudspeaker. 134**

*Your investments:*

**There's growth in public utility stocks! 140**

Power companies have always yielded good income. Now many are showing a rapid rise in earnings, and investors are choosing them for growth. Here are tips on how to pick the right utility stock for you

*Your profession:*

**Will new medical schools avert a doctor shortage? 158**

tomorrow he'll need

# PARAFLEX®

Chlorzoxazone*

for relief of painful muscle spasm

When unaccustomed or too vigorous exertion results in disabling sprains or strains, PARAFLEX brings prompt relief. A proven skeletal muscle relaxant, PARAFLEX rapidly relieves pain and stiffness, improves function, and facilitates recovery. Just a single 1- or 2-tablet dose provides these benefits for up to 6 hours. PARAFLEX is equally effective in other musculoskeletal disorders, such as myositis, whiplash injuries, low back pain, and fibrositis. Side effects are rare, almost never require discontinuance of therapy.

*Dosage:* 1 to 2 tablets t.i.d. or q.i.d. *Supplied:* Scored, orange tablets, bottles of 50. Each tablet contains PARAFLEX Chlorzoxazone, 250 mg. *U.S. Patent No. 2,895,877

McNEIL LABORATORIES, INC. • PHILADELPHIA 32, PA. McNEIL

351840



*Your associates:*

**Gifts you can give your colleagues. 162**

You'll probably never find the perfect answer to the question of how to thank another doctor for professional courtesy. But these suggestions will help you fit the thank-you to the recipient

*Your office:*

**How your medical equipment costs compare. 172**

Many physicians invested in instruments ranging from stethoscopes to X-ray machines last year. Now you can measure your outlay against the median shown in MEDICAL ECONOMICS' Continuing Survey

*Your insurance:*

**Hang onto those old insurance policies! 182**

Even though a liability, life, or property insurance policy has lapsed, it may still have certain values you're not aware of. Before you throw any policy away, find out how long you stand to benefit from it

**Aged M.D. can buy life insurance at high prices. 191**

**Term insurance gives you (not insurers) money to invest. 191**

*Your hospital:*

**How to improve your hospital's training program. 198**

Do the young doctors grumble about being short-changed? This physician says their complaints are justified and prescribes ways to bolster those 'ineffective' interneships and residencies

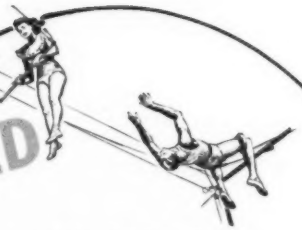
*Your leisure:*

**Six exciting big-game hunting trips—right here! 214**

Why go to Africa when your own continent offers a wide variety of trophies? Here are tips for the doctor-sportsman with limited time



XUM



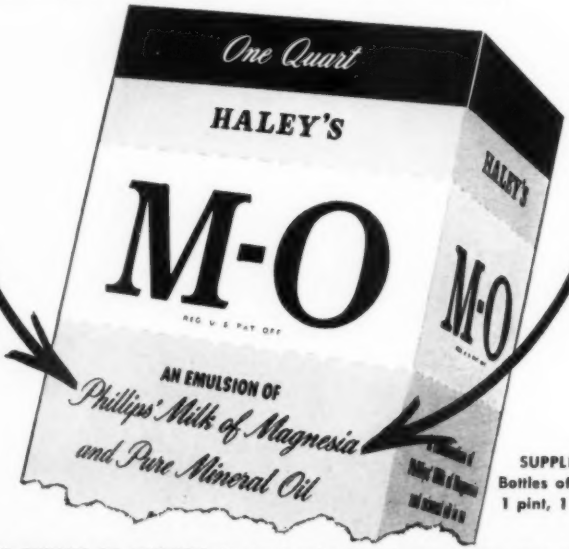
NOW... also in Delightful FLAVORED FORM

# Smooth-Working Combination

**TO HELP CORRECT CONSTIPATION**
***Antacid • Laxative • Lubricant***

Magnesium Hydroxide plus pure mineral oil make Haley's M-O a smooth working antacid-laxative-lubricant that efficaciously relieves constipation and the attendant gastric hyperacidity.

The oil globules in Haley's M-O are minutely subdivided to assure uniform distribution and thorough mixture with intestinal contents. Oil leakage is avoided and a comfortable evacuation is effected through stimulation of normal intestinal rhythm and blunted defecation reflex.




**SUPPLIED:**
**Bottles of 8 oz., 1 pint, 1 quart.**

**THE CHAS. H. PHILLIPS CO. DIVISION** *of Sterling Drug Inc.* **1450 Broadway, New York 18, N. Y.**

*Your home:*

**You're a prime target for burglars. 232**

Since doctors are reputed to have money to burn, the housebreaker has them on his list. Your best defense: Be sensibly cowardly

*Your world:*

**'The roguish world of Doctor Brinkley.' 238**

He was the most fabulously successful 'operator' American medicine ever saw, says Gerald Carson's best-selling book. And though he's gone, the gullible are still looking for his 1960 counterpart

**'Of-the-month' clubs offer offbeat gift ideas. 294**

*Humor:*

**Anecdotes. 60, 92, 118, 208**

**Cartoons. 76, 88, 150, 226, 234, 294**

## *Coming in the December 19th issue*

**. . . what causes a referral** to go wrong, with some important advice on how to avoid the most common trouble spots

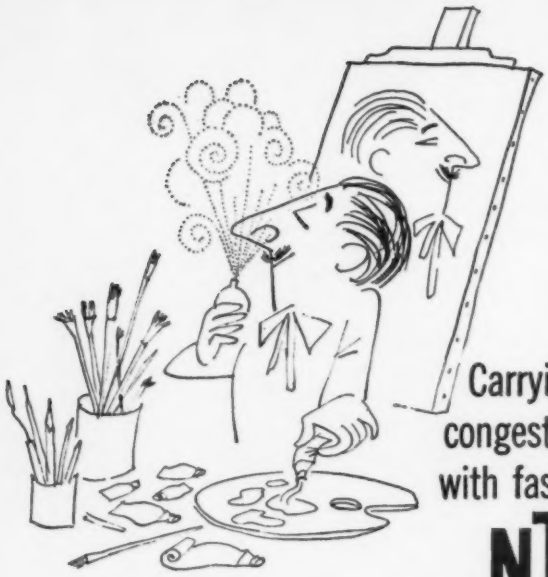
**. . . one doctor's** outspoken plea for Social Security for self-employed M.D.s, in the face of organized medicine's 'No'

**. . . the strange story** of a G.P. who used his own blood to save a man's life, only to have the patient sue him for $25,000

**. . . new survey reports** on how partners share earnings and expenses, and on the true income of salaried specialists



XUM



## Carrying on congestion-free with fast-acting

# NTZ*

**NASAL SPRAY**

At the first sneeze, two inhalations from the NTZ Nasal Spray act speedily to bring exceptional relief of symptoms. The first spray shrinks the turbinates and enables the patient to breathe through his nose again. The second spray, a few minutes later, opens sinus ostia for essential ventilation and drainage. Excessive rhinorrhea is reduced. NTZ is well tolerated and provides safe "inner space" without causing chemical harm to the respiratory tissues.

**NTZ is a balanced combination of three thoroughly evaluated compounds:**

- **Neo-Synephrine® HCl, 0.5%** to shrink nasal membranes and sinus ostia and provide inner space
- **Thenfadil® HCl, 0.1%** to provide powerful topical antiallergic action and lessen rhinorrhea
- **Zephiran® Cl, 1:5000** (antibacterial wetting agent and preservative) to promote spread and penetration of the formula to less accessible nasal areas

**NTZ is supplied in leakproof, pocket size, squeeze bottles of 20 cc. and in bottles of 30 cc. with dropper.**

**QUICK SYMPTOMATIC RELIEF OF COLDS, SINUSITIS OR ALLERGIC RHINITIS**

NTZ, Neo-Synephrine (brand of phenylephrine), Thenfadil (brand of thenyldiamine) and Zephiran (brand of benzalkonium, as chloride, refined), trademarks reg. U.S. Pat. Off.

Winthrop

**LABORATORIES**

**New York 18, N. Y.**

XUM

# Medical Economics

*December 5, 1960*



*Editorial Director:* William Alan Richardson

*Editor:* R. Cragin Lewis

*Executive Editor:* Horace Cotton

*Managing Editor:* Lewis A. Miller

*Senior Editors:* Lois R. Chevalier, M. J. Goldberg, William N. Jeffers, John R. Lindsey

*Art Director:* William L. Serio *Administrative Editor:* John A. Nalley

*Consulting Editors:* David Beck, M.D., Henry A. Davidson, M.D., Alfred P. Ingegno, M.D., Irving M. Levitas, M.D.

*Senior Associate Editors:* Garrett Oppenheim, Arthur M. Owens

*Associate Editors:* Pearl Barland, Robert L. Brenner, A. Robert Ferguson, Marguerite S. Hecking, Howard R. Lewis, John M. Meyer, Richard P. Pratt, Roxanna M. Sayre, Ann Weeks, Ethel R. Wood

*Assistant Editors:* Jane A. Blood, Elizabeth F. Bullis, Richard P. Murdy, E. Jean Pascoe, Janet C. Whitehead

*Editorial Contributors:* Helen C. Milius, Claron Oakley, Thomas J. Owens

*Editorial Assistants:* Barbara E. Kerr, Trudy A. Naef, Elizabeth N. Otto, Jacquelyn Scott

*Art Production Manager:* Joseph Coleman

*Assistant Art Director:* William J. Kuhn

*Art Associates:* Dominick Cirri, Ruth Dash, Gary L. Hoedemaker

*Production Associates:* Phyllis Marcuccio, Ruth F. Tompkins, Grace M. Voorhis

BPA NBP

*Publisher:* W. L. Chapman Jr. *Sales Director:* Douglas B. Stearns

*Sales Manager:* Phillips T. Stearns *Production Manager:* J. E. Van Hoven

*Research Director:* August A. Fink *Circulation Director:* Howard B. Hurley




XUM



# *Fewer calories same nutrients for woman 65 years*

For the maintenance of health and well-being the recommended daily dietary allowances for "Women, 65 years," is lower in calories, yet is the same in essential nutrients as for younger age groups. A moderate reduction in dietary fat reduces the total calories. For those advising women in this age group about their diet, *a basic cereal and milk breakfast* as shown in the chart below merits consideration. Its fat content of 10.9 gm. provides 20 per cent of the total calories. *Thus it is a moderate low-fat breakfast.* As shown in the chart below, it provides for "Women, 65 years," and for younger age groups about one-fourth of the recommended daily dietary allowances of protein, important B vitamins, and essential minerals. The Iowa Breakfast Studies demonstrated that *a well-balanced, moderate low-fat basic cereal and milk breakfast was nutritionally efficient for the young and old alike.*

*Recommended Daily Dietary Allowances* and the Nutritional Contribution of a Basic Cereal and Milk Moderate Low-Fat Breakfast*

*Menu: Orange Juice—4 oz.;*
*Cereal, dry weight—1 oz.;*
*Whole Milk—4 oz.; Sugar—1 teaspoon;*
*Toast (white, enriched)—2 slices;*
*Butter—5 gm. (about 1 teaspoon);*
*Nonfat Milk—8 oz.*

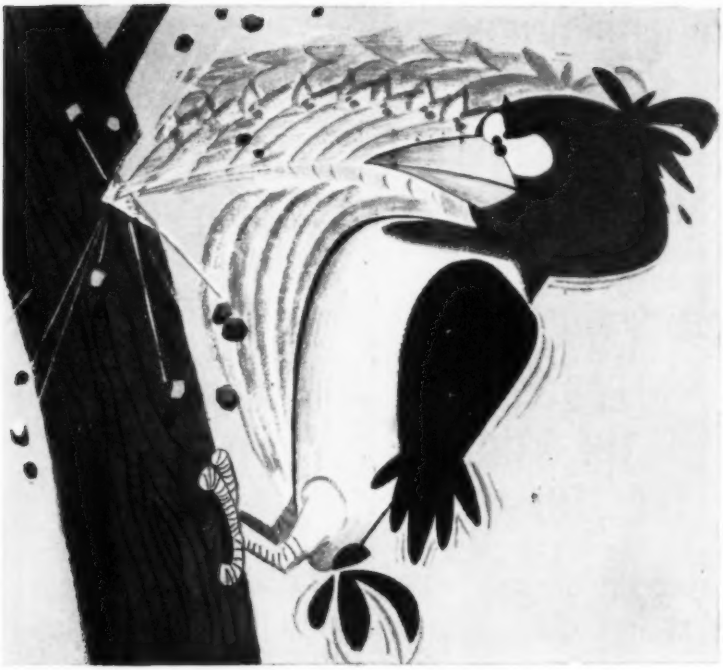
| Nutrients | Calories | Protein | Calcium | Iron | Vitamin A | Thiamine | Riboflavin | Niacin equiv. | Ascorbic Acid |
|---|---|---|---|---|---|---|---|---|---|
| Totals supplied by Basic Breakfast | 503 | 20.9 gm. | 0.532 gm. | 2.7 mg. | 588 I.U. | 0.46 mg. | 0.80 mg. | 7.36 mg. | 65.5 mg. |
| Recommended Dietary Allowances—Women, 65 Years (58 kg.—128 lb.) | 1800 | 58 gm. | 0.8 gm. | 12 mg. | 5000 I.U. | 1.0 mg. | 1.5 mg. | 17 mg. | 70 mg. |
| Percentage Contributed by Basic Breakfast | 27.9% | 36.0% | 66.5% | 22.5% | 11.8% | 46.0% | 53.3% | 43.3% | 93.6% |

*Cereal Institute, Inc.: Breakfast Source Book. Chicago: Cereal Institute, Inc., 1959.*
*Food & Nutrition Bd.: Recommended Dietary Allowances, Revised 1958. Natl. Acad. Sci.—Natl. Research Council Publication 589, 1958.*
*Watt, B. K., and Merrill, A. L.: Composition of Foods—Raw, Processed, Prepared. U.S.D.A. Agriculture Handbook No. 8, 1950.*

*The allowance levels are intended to cover individual variations among most normal persons as they live in the United States under usual environmental stresses. Calorie allowances apply to individuals usually engaged in moderate physical activity. For office workers or others in sedentary occupations they are excessive. Adjustments must be made for variations in body size, age, physical activity, and environmental temperature.

**CEREAL INSTITUTE, INC.**
135 South La Salle Street, Chicago 3

*A research and educational endeavor devoted to the betterment of national nutrition*



# WOOD is WONDERFUL
## ...for woodpeckers

***but certainly not as a toilet wipe when anal areas are sensitive.*** Unlike harsh, dry wood pulp toilet papers, *Tucks* are soft cotton flannel pads mildly medicated with witch hazel (50%) and glycerin (10%). *Tucks* are ideal for routine toilet care when treating pruritus ani et vulvae, diaper rash, hemorrhoids, following episiotomy or hemorrhoidectomy, and in other anorectal conditions. *Tucks* cleansing, mildly astringent action hastens healing and helps assure patient comfort. *Tucks* are available at busy *prescription pharmacies* everywhere in jars of 40 and 100.




For a generous office supply of TUCKS—just fill in and return this coupon.

Name.....

Address.....

City.....Zone....State.....

Fuller Pharmaceutical Co.
3108 W. Lake St., Minneapolis 16, Minn. 60

*fuller* FULLER *Pharmaceutical Company*



XUM

*anticholinergic*

**KEEPS THE STOMACH FREE OF PAIN**

*tranquilizer*

**KEEPS THE MIND OFF THE STOMACH**



Milpath acts quickly to suppress pain and spasm, and to allay anxiety and tension with minimal side effects.

**AVAILABLE IN TWO POTENCIES:**

**Milpath-400** — Yellow, scored tablets of 400 mg. Miltown (meprobamate) and 25 mg. tridihexethyl chloride. Bottle of 50.

Dosage: 1 tablet t.i.d. at mealtime and 2 at bedtime.

**Milpath-200** — Yellow, coated tablets of 200 mg. Miltown (meprobamate) and 25 mg. tridihexethyl chloride. Bottle of 50.

Dosage: 1 or 2 tablets t.i.d. at mealtime and 2 at bedtime.

# Milpath®

®Miltown + *anticholinergic*

**WALLACE LABORATORIES** *Cranbury, N. J.*

# Letters

*Medical Economics, December 5, 1960*

## Back to fee schedules?

SIRS: "They're Killing the Best Kind of Health Insurance" says much that needs to be said about creeping inflation in medical care costs. But health insurance premiums are going to increase whether or not fee schedules are used, because these increases are attributable to many factors, not only increases in doctors' charges. I don't agree that this will end no-fee-schedule insurance.

No-fee-schedule or major medical insurance offers valuable protection to the public and should have considerable appeal to doctors. In order for it to work, however, they must make the same charges whether or not fee schedules are involved. Otherwise, no-fee-schedule insurance can't be competitively priced, and it'll disappear from the market.

—L. M. Cathles Jr., Vice President
Aetna Life Insurance Company
Hartford, Conn.

SIRS: . . . We're quite pleased with the development of no-fee-schedule coverage at Metropolitan Life Insurance Company, and we've been encouraged by the excellent cooperation of the medical profession. It's unwise to rush to the conclusion that costs are rising unduly just because a few examples of high charges can be cited. Well-designed plans may even help slow down the increase in medical costs by placing as much emphasis on out-of-hospital care as in-hospital care.

—Paul I. Robinson, M.D.
Medical Director
Metropolitan Life Insurance Company
New York, N.Y.

## Belli's long shadow

SIRS: Malpractice Attorney Melvin M. Belli's remarks in "Belli Answers the Doctor's Questions" may obscure one point that your readers should remember:

Mr. Belli casts a long shadow on medical practice in California and is himself a heavy contributor to the magnitude of the malpractice problem.

—M.D., California

SIRS: I was sued for malpractice this year. The court held in my favor. I'm convinced the suit



XUM

was prompted by only one motive: the desire of the plaintiff's attorney for a large fee.
—W. M. Fitzgerald, M.D.
Beloit, Wis.

### Insurance watchdog

SIRS: Until your recent report, too few of us realized that 23 per cent of the typical physician's 1959 gross receipts came from health insurance. This is a good reason to pay more attention to how our colleagues use—or abuse—such coverage.
—M.D., Wyoming

### Pro private school

SIRS: The statement in your article "Send Your Children to Private School?" that some people send their children there for the wrong reasons doesn't make the private schools wrong. Most such schools enroll students from all walks of life. All par-




VI-TYKE®
LIQUID MULTIVITAMINS

SYRUP—12 fl. oz. push-button can. Each 5 cc. teaspoonful contains: Vitamin A (Palmitate) 3,000 U.S.P. Units • Vitamin D 800 U.S.P. Units • Thiamine HCl ($B_1$) 1.5 mg. • Riboflavin ($B_2$) 1.5 mg. • Pyridoxine HCl ($B_6$) 1 mg. • Ascorbic Acid (C) 40 mg. • Vitamin $B_{12}$ 3 mcgm. • Niacinamide 10 mg. • Pantothenic Acid (as Panthenol) 1 mg. • Methylparaben 0.08% • Propylparaben 0.02%. Also available in concentrated form: PEDIATRIC DROPS—50 cc. bottle.

LEDERLE LABORATORIES, a Division of AMERICAN CYANAMID COMPANY, Pearl River, New York

# SYMPTOMATIC RELIEF ...AND FAST

*from the*

## DRIP AND STUFFINESS

*associated with*

## COMMON COLD

# 'FEDRAZIL'®

**Sugar-coated Tablets**

**. . . contain an orally effective nasal decongestant combined with a good antihistamine**

**Dose: 2 tablets initially, then one every 3 or 4 hours as needed**

Each sugar-coated tablet contains:
'Sudafed'® brand Pseudoephedrine Hydrochloride . . . 30 mg.
'Perazil'® brand Chlorcyclizine Hydrochloride . . . . . 25 mg.

**BURROUGHS WELLCOME & CO. (U.S.A.) INC., Tuckahoe, New York**

ents are free to apply for scholarships or financial aid for their children.

—Esther Osgood, Executive Secretary
Independent Schools Education Board
Milton, Mass.

SIRS: . . . Your article omitted some very good reasons for preferring private schools. For example, the teaching is like college teaching. This makes it easier for the student to adjust to college later.

In addition, he may be able to get into a better college, because he won't have to compete with so many of his own classmates to get in under a given college's admission quota.

—Samuel N. Feinsod, M.D.
Irvington, N.J.

## No forcing, please

SIRS: I disagree with the diplomates who say in your recent article that "Board Specialists


"You won't need the pillows, Mrs. Smith"

When hemorrhoids disturb an otherwise smooth pregnancy, a touch of Americaine relieves the pain ...in minutes ...for hours!



Americaine
(Ethyl-p-aminobenzoate ASL)
Topical Anesthetic Ointment and Aerosol




Send for samples

ARNAR-STONE LABORATORIES, INC.,
Mount Prospect, Ill.



patient with congestive heart failure; ascites and 4+ edema to the knee



with Esidrix, 12½ pounds lost in 13 days; basilar rales and ascites no longer present; pitting edema cleared

Photos used with permission of the patient.

# benefits in edema, benefits in hypertension plus built-in potassium protection

## NEW ESIDRIX-K®

New ESIDRIX-K provides all the oral diuretic-antihypertensive advantages of ESIDRIX, plus a generous potassium supplement. ESIDRIX produces marked excretion of salt and water in edematous patients, and in many hypertensive patients significantly reduces blood pressure, alone or with other antihypertensive drugs. Potassium excretion is minimal, and the built-in K supplement further helps eliminate problems due to potassium loss. Three ESIDRIX-K tablets provide potassium equivalent to one quart of fresh orange juice; ESIDRIX-K is coated to prevent gastric irritation.

**Complete information sent on request.**

**Supplied: Esidrix-K Tablets (white, coated), each containing 25 mg. Esidrix and 500 mg. potassium chloride. Esidrix Tablets, 25 mg. (pink, scored), and 50 mg. (yellow, scored).**

**Esidrix-K is especially indicated for patients in whom even moderate potassium loss can cause complications, or those whose condition predisposes to hypokalemia. Among candidates for Esidrix-K are patients taking digitalis for congestive heart failure, those with renal or liver disease, those under long-term treatment, and those on salt-restricted diets.**

CIBA
SUMMIT, NEW JERSEY

ESIDRIX® (hydrochlorothiazide CIBA)

2/2641MK-2



XUM

Should Be *Forced* to Keep Up." No one should be forced, considering the demands of a busy practice. In my first year of practice, I managed to take ten weeks of graduate work; now I feel lucky if I can squeeze in ten *days* a year.

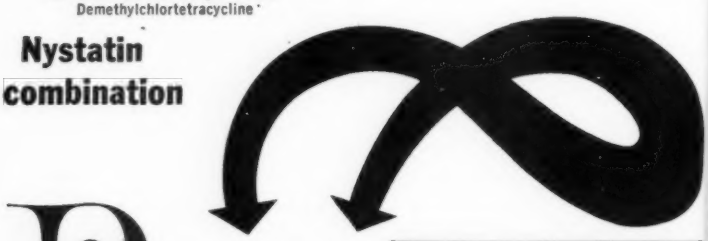
The busy doctor learns by contact with patients, by reading, and by association with other doctors. If he could attend graduate courses, he might also learn something—but not enough to justify his being forced to attend.

—Nathaniel H. Wooding, M.D.
Halifax, Va.

### How prosperous?

SIRS: The answer to the question "How Prosperous Should You Look?" is "As prosperous as you can." Why shouldn't the doctor give his family the benefit of his hard-earned income while he can enjoy it with them?
—M.D., California

for the first time
a DECLOMYCIN®–
Demethylchlortetracycline
Nystatin
combination



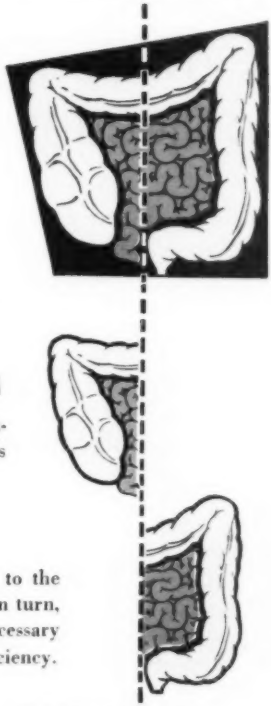
DECLOSTATIN
Demethylchlortetracycline and Nystatin LEDERLE
CAPSULES, *150 mg. DECLOMYCIN Demethylchlortetracycline HCl and 250,000 units Nystatin.*
DOSAGE: *average adult, 1 capsule four times daily.*
LEDERLE LABORATORIES, A Division of AMERICAN CYANAMID COMPANY,
Pearl River, New York

# *In* CONSTIPATION...

## *Relief? Certainly.*
## *But, what about the atonic bowel?*

# MODANE

## *for both!*



Consider the task . . . Usually it is more than just moving fecal matter. Often, the atonic bowel cries for rehabilitation! MODANE answers both needs.

### FOR ONE HALF OF THE PROBLEM

MODANE provides Danthron—non-irritating, non-habit-forming, overnight de-constipant which acts gently, positively, on the large bowel only.

### . . . FOR THE OTHER HALF

MODANE supplies Pantothenic Acid vital to the body's formation of coenzyme A which is, in turn, essential for acetylation of choline—so necessary for normal bowel tone and peristaltic efficiency.

### 3 IDEAL DOSAGE FORMS

Each Modane Tablet contains 75 mg. Danthron (1.8 Dihydroxyanthraquinone) and 25 mg. Calcium Pantothenate. Each Modane Mild Tablet and each teaspoonful Modane Liquid contains 37.5 mg. Danthron and 12.5 mg. Calcium Pantothenate. Dosage — 1 tablet, teaspoonful, or fractional teaspoonful, immediately after the evening meal.

**THE WARREN-TEED PRODUCTS COMPANY**
**COLUMBUS 8, OHIO**
Dallas • Chattanooga • Los Angeles • Portland

MEDICAL ECONOMICS' *Continuing Survey reveals*

# How your collection ratio compares

Last year, the typical, male, self-employed U.S. physician collected a higher percentage of his billings than at any time in the past quarter-century. His 1959 collection ratio reached 93 per cent. The ratio has moved up an average of one percentage point a year since 1951. This steady improvement in collections re-

## Collections improved in the Fifties




Percentages are based on median collections of male, self-employed U.S. physicians. Sources: MEDICAL ECONOMICS' Seventh and Eighth Quadrennial Surveys, MEDICAL ECONOMICS' Continuing Survey.

flects the growing national prosperity that characterized the Nineteen Fifties.

The trend toward better collections has benefited general practitioners and specialists alike. And the upward movement has been maintained in every region except the Far West: In this section of the country, the typical general practitioner's collection ratio has stood still for the past four years.

Source of the 1959 statistics is MEDICAL ECONOMICS' newly established Continuing Survey. The findings for earlier years come from this magazine's Quadrennial Surveys. The current study was planned by MEDICAL ECONOMICS' Editors, executed by its Research Department, and supervised by Alfred Politz Research, Inc., of New York. Data were gathered as follows:

Questionnaires were sent to a scientifically selected sample of 23,696 active M.D.s. Completed forms were received from 3,199, or 14 per cent. Accepted statistical tests showed that the respondents were near-typical of U.S. physicians. Subsequent weighting for known characteristics of the physician-population relative to geographic area and type of practice made the final sample, upon which the survey findings are based, altogether representative of U.S. physicians. *More*▶

## Where you stand on the collections ladder

| If you collect this much of your accounts... | You're in the top |
|---|---|
| 75% | 95% |
| 80 | 91 |
| 85 | 82 |
| 90 | 67 |
| 95 | 36 |
| 98 | 11 |
| 99 | 5 |

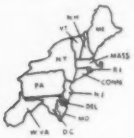
Percentages are based on 1959 median collections of male, self-employed U.S. physicians. Source: MEDICAL ECONOMICS' Continuing Survey.

THIS ARTICLE *is copyrighted © 1960 by Medical Economics, Inc., Oradell, N.J. It may not be reproduced, quoted, or paraphrased in whole or in part in any manner whatsoever without the written permission of the copyright owner.*



XUM

## How collection ratios compare

| . . . by region | | G.P.s | Specialists |
|---|---|---|---|
|  | Northeast | 92% | 93% |
|  | Southeast | 88 | 91 |
|  | Midwest | 91 | 93 |
|  | West | 90 | 93 |

**Percentages are based on 1959 median collections of male, self-employed U.S. physicians. Source: MEDICAL ECONOMICS' Continuing Survey.**

## . . . by practice set-up

| | G.P.s | Specialists |
|---|---|---|
| Solo | 91% | 93% |
| Expense-sharing | 91 | 95 |
| Two-man partnership | 91 | 91 |
| Larger partnership or group | 91 | 93 |

## . . . by location

| | G.P.s | Specialists |
|---|---|---|
| Urban, large (500,000 or more pop.) | 92% | 95% |
| Urban, medium (under 500,000 pop.) | 91 | 92 |
| Suburban | 92 | 94 |
| Rural | 91 | 92 |
| All U.S. | 91 | 93 |

## How collection ratios in 13 specialties compare

| | |
|---|---|
| Allergy | 93% |
| Dermatology | 98 |
| Ear, nose, throat | 92 |
| General surgery | 91 |
| Internal medicine | 93 |
| Obstetrics & gynecology | 91 |
| Ophthalmology | 97 |
| Orthopedic surgery | 91 |
| Pediatrics | 92 |
| Psychiatry | 97 |
| Radiology / roentgenology | 92 |
| Thoracic surgery | 92 |
| Urology | 94 |
| All specialties | 93 |

Percentages are based on 1959 median collections of male, self-employed U.S. physicians. Source: MEDICAL ECONOMICS' Continuing Survey.

END



XUM

## New

## Enhances Vitality and Still Insures Weight Loss

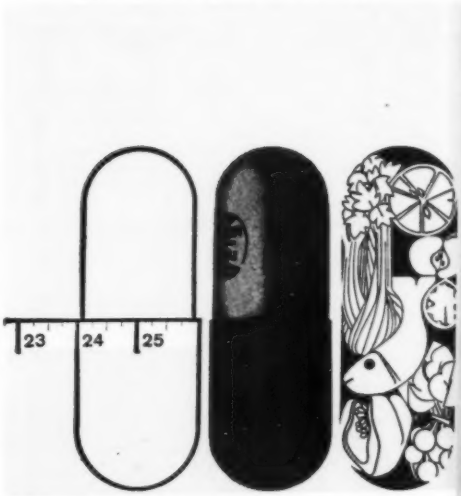
# Prelu-Vite™

brand of phenmetrazine HCl with vitamins and minerals

Now, Prelu-Vite helps to fortify the patient's nutritional status and sense of well-being without jeopardizing the success of the weight-reducing program.

By improving nutritional status Prelu-Vite makes it easier for the patient to retain the initial zeal for reducing... facilitates the retention of enthusiastic cooperation in pursuing therapy to a successful conclusion.

With Prelu-Vite, as with Preludin, a weight loss 2–5 times that obtainable by dietary restriction alone, is readily achieved without the occurrence of annoying side reactions.




## Geigy

**Availability:**
Prelu-Vite - Capsules, each containing 25 mg. of Preludin (brand of phenmetrazine HCl) with vitamins A, B, C and D and 5 minerals.
Under license from C. H. Boehringer Sohn, Ingelheim.

**Also available:**
Preludin® Endurets™ prolonged-action tablets (75 mg.) for once daily administration; and as regular Preludin tablets (25 mg.) for b.i.d. or t.i.d. administration.

**Geigy, Ardsley, New York**

321-60

# Professional briefs

*Medical Economics, December 5, 1960*

IF ANY OF YOUR PATIENTS NEED PSYCHOTHERAPY but can't afford it, there's new hope that they'll be covered eventually under group health contracts. New York's Group Health Insurance, Inc., reports few problems in a year-long experiment. It offered 76,000 subscribers up to fifteen psychotherapy sessions at no extra cost. So far, only 541 have used the benefit.

M.D.s' TYPICAL NET EARNINGS are well ahead of those reported by men in other fields of healing. The latest annual figures: M.D.s, $22,100; D.O.s, $16,479; dentists, $13,956; optometrists, $10,800; podiatrists, $10,364.

HOW DOES YOUR RETIREMENT PROGRAM compare with the pension plan of a salaried specialist? He and his wife will have a median annual income of $7,131 when they reach 65, a new study shows. That's about half their current income and doesn't count any personal investment program. In addition, the third that will come from Social Security is tax-free.

YOU MAY FIND YOURSELF A DEFENDANT if you give a plaintiffs' attorney a statement about a suit against your hospital, warns Medicolegal Expert Dr. A. Reynolds Crane. Several doctors who made such depositions recently without consulting their lawyers were later sued. Though these M.D.s were cleared in court,

Dr. Crane warns: "Other plaintiffs' attorneys may resort to this...[trick to build] an otherwise unwarranted malpractice case."

---

BUY YOUR NEXT CAR ABROAD? You'll pay about $1,000 less than the U.S. price for a medium-priced Citroen, Jaguar, or Mercedes-Benz. And you'll still have substantial savings left after paying shipping costs and duty.

---

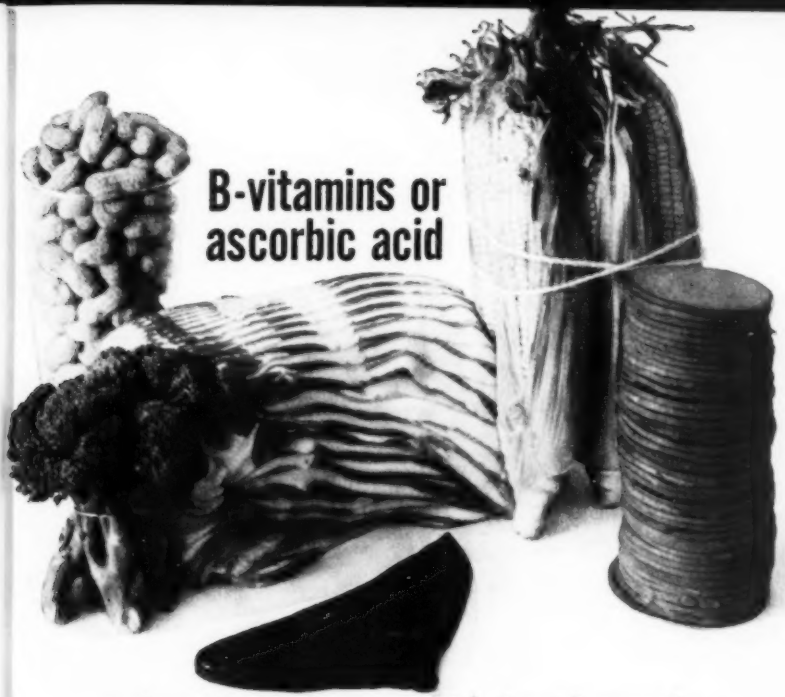
IF YOU HAVE TROUBLE GETTING GOOD HELP, pay may be the reason. It's hard to compare the duties of a medical aide with those of a girl in a business office, but one job (telephonist-receptionist) can give you a clue. The median salary doctors pay for this job is 15 per cent below that paid in business offices.

---

PUT A PRICE ON YOUR TIME. That's a fee-setting tip you may want to take from lawyers. The Practising Law Institute in New York recently suggested these minimum fees for attorneys: senior partners, $50 an hour; junior partners, $35; and associates, $15 to $20.

---

HOW LONG ARE YOU LIKELY TO LIVE? Latest life expectancy tables adopted by insurers give you forty-one more years if you're now 30, thirty-two if you're 40, twenty-four if you're 50, and sixteen if you're 60.




# saturation doses—the hard way!

Each of these food portions contains a saturation dose of one of the water-soluble B vitamins or C. The easy way to provide such quantities of these vitamins with speed, safety and economy is to prescribe Allbee with C. Recommended in pregnancy, deficiency states, digestive dysfunction and convalescence.

| **In each Allbee with C:** | | As much as:* |
|---|---|---|
| Thiamine mononitrate ($B_1$) | 15 mg. | 6.9 lbs. of fried bacon |
| Riboflavin ($B_2$) | 10 mg. | 31½ ozs. of liverwurst |
| Pyridoxine HCl ($B_6$) | 5 mg. | 2 lbs. of yellow corn |
| Nicotinamide | 50 mg. | 11 ozs. of roasted peanuts |
| Calcium pantothenate | 10 mg. | ¼ lb. of fried beef liver |
| **Ascorbic acid (Vitamin C)** | **250 mg.** | ¾ lb. of cooked broccoli |

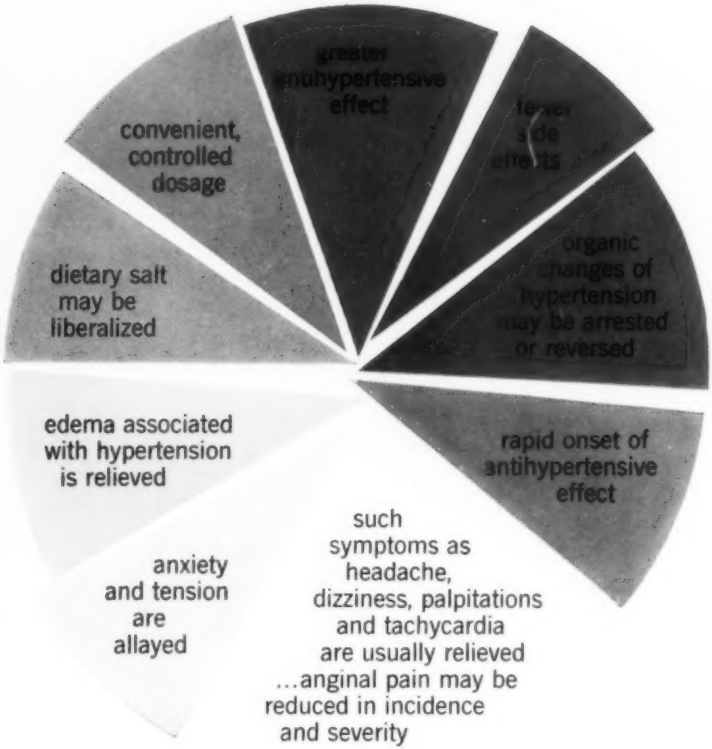
*These common foods are among the richest sources of B vitamins and ascorbic acid. H.A. Wooster, Jr., Nutritional Data, 2nd Ed., Pittsburgh, 1954.

**Allbee® with C** Robins

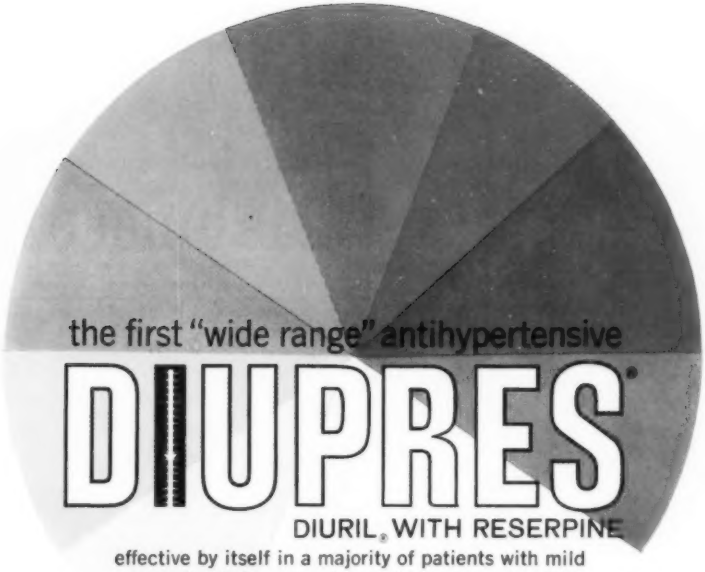
A. H. ROBINS COMPANY, INC. RICHMOND 20, VIRGINIA

XUM

here are some of the ways hypertensive patients benefit when you prescribe DIUPRES




XUM



the first "wide range" antihypertensive

# DIUPRES®

DIURIL® WITH RESERPINE

effective by itself in a majority of patients with mild or moderate hypertension, and even in many with severe hypertension... should other drugs need to be added, they can be given in much lower than usual dosage

## DIUPRES-250

250 mg. DIURIL (chlorothiazide),
0.125 mg. reserpine per tablet.
One tablet one to four times a day.

## DIUPRES-500

500 mg. DIURIL (chlorothiazide),
0.125 mg. reserpine per tablet.
One tablet one to three times a day.

For additional information, write Professional Services, Merck Sharp & Dohme, West Point, Pa.

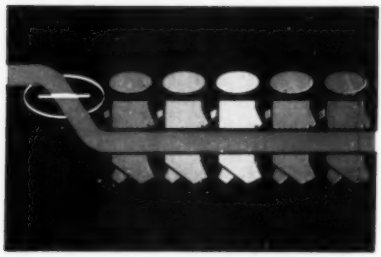
MERCK SHARP & DOHME, DIVISION OF MERCK & CO., INC., WEST POINT, PA.

DIUPRES and DIURIL are trademarks of Merck & Co., Inc.

XUM

*making*
*oral blood-sugar*
*control a reality*
*for more*
*diabetics*

**Diabinese®**
brand of chlorpropamide



*Science*
*for the world's*
*well-being™*

*Pfizer*

PFIZER LABORATORIES
*Division, Chas. Pfizer & Co., Inc.*
*Brooklyn 6, New York*

## *IN BRIEF*

**DIABINESE, a potent sulfonylurea, provides smooth, long-lasting control of blood sugar permitting economy and simplicity of low, once-a-day dosage. Moreover, DIABINESE often works where other agents have failed to give satisfactory control.**

*INDICATIONS:* Uncomplicated diabetes mellitus of stable, mild or moderately severe nonketotic, maturity-onset type. Certain "brittle" patients may be helped to smoother control with reduced insulin requirements.

*ADMINISTRATION AND DOSAGE:* Familiarity with criteria for patient selection, continued close medical supervision, and observance by the patient of good dietary and hygienic habits are essential.

Average maintenance dosage is 100-500 mg. daily. For most patients the recommended starting dose is 250 mg. given once daily. Geriatric patients should be started on 100-125 mg. daily. A priming dose is not necessary and should not be used: most patients should be maintained on 500 mg. or less daily. Maintenance dosage above 750 mg. should be avoided. Before initiating therapy, consult complete dosage information.

*SIDE EFFECTS:* In the main, side effects, e.g., hypoglycemia, gastrointestinal intolerance, and neurologic reactions, are related to dosage. They are not encountered frequently on presently recommended low dosage. There have been, however, occasional cases of jaundice and skin eruptions primarily due to drug sensitivity; other side effects which may be idiosyncratic are occasional diarrhea (sometimes sanguineous) and hematologic reactions. Since sensitivity reactions usually occur within the first six weeks of therapy, a time when the patient is under very close supervision, they may be readily detected. Should sensitivity reactions be detected, DIABINESE should be discontinued.

*PRECAUTIONS AND CONTRAINDICATIONS:* If hypoglycemia is encountered, the patient must be observed and treated continuously as necessary, usually 3-5 days, since DIABINESE is not significantly metabolized and is excreted slowly. DIABINESE as the sole agent is not indicated in juvenile diabetes mellitus and unstable or severely "brittle" diabetes mellitus of the adult type. Contraindicated in patients with hepatic dysfunction and in diabetes complicated by ketosis, acidosis, diabetic coma, fever, severe trauma, gangrene, Raynaud's disease, or severe impairment of renal or thyroid function. DIABINESE may prolong the activity of barbiturates. An effect like that of disulfiram has been noted when patients on DIABINESE drink alcoholic beverages.

*SUPPLIED:* As 100 mg. and 250 mg. scored chlorpropamide tablets.

*More detailed professional information available on request.*

XUM



# *He thinks you mishandle patients*

*Research Psychologist Richard Blum has spent five years studying doctor-patient relations. He finds a lot wrong with them. He has dozens of ideas for improving them. Here's a report on his controversial book*

*By E. N. Perrin*

"Fifteen medical bills out of every hundred go unpaid. The chief reason is the anger of patients against doctors . . .

"Half of all patients have at least once quit an M.D. because they were dissatisfied with him. (Not with his treatment, with him.) . . .

"Sixty-four patients out of every hundred feel that modern doctors are cold fish—competent scientists, sure, but lacking in humanity . . .

"Seventy patients out of every hundred feel free to go to chiropractors and quacks."

Who makes these claims? The president of the National Chiropractic Association? Not at all. Each of the above statements, well buttressed with footnotes, appears in the introduction to a new book on doctor-patient relations. It's by a Ph.D. in psychology who has done research under contract to the California Medical Association.

The book does much more than document what the author sees as a very real deterioration in doctor-patient relations since World War II. It goes on to explain in terms of psychology *why* doctors and their patients are drifting apart, and it offers scores of detailed suggestions as to how they can be brought back together.

Moreover, both the book, "The Management of the Doctor-Patient Relationship,"[1] and its author, Psychologist Richard Blum, are almost certain to arouse controversy. There are several reasons. For one, by no means all the physicians in California who engaged Dr. Blum and a staff of twenty to study patient-relations are pleased with his findings. They don't believe that doctor-patient relations are as strained as he says—or that he's the best man to suggest cures.

For another, the very fact that Blum is a psychologist is bound to put up a good many backs.[2] Like some other psychologists, he tends to look for the hidden motives in what you and your patients do, and he is not above explaining you to

---

[1]Published by McGraw-Hill, Blakiston Division, New York, 1960. [2]As a matter of fact, some backs are still up from a report Dr. Blum prepared two years ago. That one was a study of malpractice-prone hospitals. See "A One-Eyed Look at Malpractice," MEDICAL ECONOMICS, Oct. 27, 1958.



XUM



*"I agree with Blum that the doctor-patient relationship has cooled in the last fifteen years," says Dr. G. L. Hardgrove of Barberton, Ohio. "During World War II, doctors learned to practice medicine rapidly and at a distance from the patient. Some have kept their distance ever since, leaving patients to be treated impersonally in emergency rooms and clinics. I think the 'postdiagnostic house call' and the patient's preadmission visit to the hospital are excellent countermeasures. The latter procedure has improved patient-cooperation in our hospital's obstetrical department."*

yourself in the complex and sometimes pretentious jargon of biosocial science.

Finally, prime reason of all, many of the ideas he has for improving relations between doctors and their patients are both unorthodox and untested. And, as Blum frankly admits, a few of them are downright utopian.

Nevertheless, these ideas seem worth reporting in MEDICAL ECONOMICS. If some are dubious, others are brilliant. At least a few of them will probably turn out to be worth adopting. As one California surgeon says, "Blum is a damn smart man. It would be amazing if after five years of research he *didn't* come up with some usable notions." This article is going to summarize about a dozen of Blum's numerous "notions." Judge their worth for yourself.

To start with a bang, Blum is skeptical of the very basis of the doctor-patient relationship. He finds the typical patient far too passive and the typical doctor far too authoritarian.

The patient, he says, should take an active role in treatment. Instead of submitting himself

like a machine to be fixed, he should always understand exactly what's going on—and not let you treat him until he does understand. He should think of himself as your partner or even your employer, and you should think of yourself as his employe, "albeit a professional one, with a fairly wide range of freedom."

This is a pretty radical de-



*"I question Psychologist Blum's idea of classes for patients with the same condition," says Dr. Leo M. Wachtel, Florida Medical Association president. "I can picture, say, an ulcer group sitting around, each person intently adding to his own list of symptoms—and then some patient asking why he isn't treated like Mrs. A, who is allowed a normal diet. Such classes would certainly complicate matters for patients whose ills are largely psychogenic. Besides, any doctor who can accumulate six to twelve patients who have similar troubles is going to be much too busy to conduct such classes for them."*



XUM



*"Blum's description of the patient who expects you to work miracles is all too familiar," comments Dr. H. G. Lieberman of Akron, Ohio. "The trouble is that we doctors have oversold ourselves. Newspapers, books, magazines, and pseudoscientific writers have done their bit, too. And now people simply expect too much from us."*

parture from the way most doctors and patients think of themselves now. But Blum insists that it's absolutely necessary.

The way things are now, he says, your patients sooner or later are likely to feel you've betrayed them. Why? Because they're not machines, and you can't fix them perfectly. "I trusted the doctor and he let me down," he has found patients thinking. "I'm still sick, and it's the doctor's fault. I ought to sue him." And in growing numbers they *do* sue. Education is the answer, Blum believes.

Translated into the terms of daily practice, this educating-the-patient-to-be-equal idea produces all sorts of changes. Let's look at three of them:

1. All doctors, says Blum, should do what some obstetricians do now; they should hold classes for small groups of patients. What he suggests is once-a-month meetings for six to twelve people, all of whom suffer from the same defect or disease. The patients gather, say, at 7 P.M. at the house of one of them, knowing that the doctor won't be along until 8.

For an hour they drink coffee and discuss symptoms among themselves. At 8 the doctor arrives to open a kind of free-and-easy discussion, in which he acts as an informal moderator. The freer the better, says Blum. Once the patients really feel at ease, they'll drag out all their



XUM

inner protection



# Tain

(Triacetyloleandomycin, Triaminic® and Calurin®)

to contain upper respiratory infection

## safe antibiosis

Triacetyloleandomycin, equivalent to oleandomycin 125 mg. This is the URI antibiotic, clinically effective against certain antibiotic-resistant organisms.

## fast decongestion

Triaminic®, 25 mg., three active components stop running noses. Relief starts in minutes, lasts for hours.

## well-tolerated analgesia

Calurin®, calcium acetylsalicylate carbamide equivalent to aspirin 300 mg. This is the freely-soluble calcium aspirin that minimizes local irritation, chemical erosion, gastric damage. High, fast blood levels.

TAIN brings quick, symptomatic relief of the common cold (malaise, headache, muscular cramps, aches and pains) especially when susceptible organisms are likely to cause secondary infection. Usual adult dose is 2 Inlay-Tabs, q.i.d. In bottles of 50. Rx only. Remember, to contain the bacteria-prone cold...TAIN.

SMITH-DORSEY • Lincoln, Nebraska
a division of The Wander Company



# When you see diaper rash prescribe Diaparene®

anti-bacterial ointment
anti-bacterial rinse

Diaper rash can best be treated by destroying the urea-splitting bacteria in the diaper and on the baby's skin. Diaparene anti-bacterial preparations destroy these bacteria, prevent ammonia formation, and help clear the rash rapidly.

***Diaparene Ointment*** mixes readily with urine to inhibit ammonia-producing bacteria . . . helps prevent further rash development by destroying the bacteria on the skin. Its water-miscible emollient base soothes excoriated areas and promotes healing.

***Diaparene Rinse's*** sustained action inhibits the urea-splitting bacteria for up to fifteen hours after the diaper has been soiled. With this level of protection, even the night diaper will not cause rash. The mother can rinse the diapers at home with Diaparene Rinse. Or a Diaparene franchised diaper service will supply Diaparene-impregnated diapers.

***And for prophylaxis*** . . . Once the diaper rash is cleared up, help the mother keep baby's skin clear by recommending the Diaparene prophylactic regimen for around-the-clock protection —routine use of Diaparene anti-bacterial Baby Powder and Diaparene anti-bacterial Baby Lotion along with Diaparene Rinse.

HOMEMAKERS PRODUCTS DIVISION · GEORGE A. BREON & CO., NEW YORK 18, N. Y.

misconceptions and anxieties. And they'll tend to lessen each other's self-pity. The eventual result, he claims, will be six to twelve better patients.

2. You should also, Blum is convinced, take time to educate the families of chronic patients. This means what he calls a "postdiagnostic house call." You go by and explain to the husband of a newly diagnosed cardiac case, for example, why his wife should not have sexual intercourse for a while. From you the husband will believe it; from his wife he is likely to take it as a rejection or an excuse.

There's nothing new about such family consultations, of course; they were practically routine in the nineteenth century. Their re-establishment will do more than almost anything else, Blum thinks, to "convince the patient and the family of [your] genuine interest in their welfare, and of your capacity to take practical steps to insure that welfare." He adds casually that in one recent malpractice study the researchers found that not a single suit was filed when any immediate member of



*"I'm just as appalled as Psychologist Blum," remarks Dr. Richard R. Fliehr of Minneapolis, "by the ignorance so many patients show as to what surgery was done on them, and why. Yet it's especially important in surgical cases that the doctor explain the condition and the treatment in language the patient can understand. I also agree with Blum's suggestion that we urge the patient to get another doctor's opinion. This not only assures him of our honesty but also helps spread responsibility in cases involving major surgical procedures."*



*"Like Blum, I find that listening is the best way to handle a dissatisfied patient," says Dr. David M. Cox, vice president of the Central Kentucky State Medical Society. "When a patient quits her doctor, it's often just because he didn't listen and find out the cause of her maladjustment. Younger doctors especially are inclined to be too authoritarian. They could profit by doing a lot more listening—not only to their patients, but also to their older colleagues when they gather in the coffee shop."*

the patient's family opposed it.

3. Blum's third education suggestion relates to hospitals. A dozen studies show, he says, that more patient-discontent is aroused by the way hospitals are run than by practically the rest of medicine put together. As a result, he has countless ideas for revamping hospital procedure.

One thing he proposes is that all new patients be given a guided tour of the hospital a day or two before they're due to be admitted. Point of the proposal: to help the patient understand exactly what he's in for, and to reduce "the number of frightening unknowns."

Ideally, says Blum, your share in this anxiety-reduction would be to give the patient a ride to the hospital on your way to morning rounds. (Presumably you pick him up at home.) Once you arrive, the hospital provides a hostess who conducts him on the actual tour. She also gives him a detailed booklet on how the hospital runs and a map showing how to find his way around.

With this kind of briefing,

*by every standard*

*the drug for "morning sickness"*

**Bonine**

brand of meclizine hydrochloride



*only rarely does one drug meet so well the needs of one condition*

## *IN BRIEF*

BONINE is an antiemetic which provides rapid and prolonged protection against nausea and vomiting due to a variety of causes. A single dose of BONINE is usually effective for 24 hours. Thus, BONINE can be taken at bedtime to help prevent "next morning" sickness.

*INDICATIONS:* Valuable in the symptomatic relief of nausea and vomiting of pregnancy. Also indicated for motion sickness, radiation sickness, vertigo associated with Ménière's syndrome, labyrinthitis, fenestration procedures, vestibular dysfunction, and dizziness associated with cerebral arteriosclerosis.

*ADMINISTRATION AND DOSAGE:* For control of nausea and vomiting of pregnancy, a daily dose of 25 to 50 mg. is usually effective. For dosage schedules in other indications, see package insert.

*SIDE EFFECTS: Not* a phenothiazine, the side effects reported in association with BONINE have been mild and/or transient and consist of occasional drowsiness, dryness of the mouth, and blurred vision. Drowsiness is seen less frequently with BONINE in therapeutic dosages than with most other effective antiemetics.

*PRECAUTIONS:* As with other antihistaminic compounds, the physician should inform patients of the need for caution in driving a car or when engaged in other activities requiring alertness. There are no known contraindications to BONINE.

*SUPPLIED:* BONINE Tablets, scored, tasteless, 25 mg. BONINE Chewing Tablets, mint-flavored, 25 mg. BONINE Elixir, cherry-flavored, 12.5 mg. per teaspoonful (5 cc.).

***More detailed professional information available on request.***

*Science for the world's well-being™*

Pfizer

PFIZER LABORATORIES
*Division, Chas. Pfizer & Co., Inc.*
*Brooklyn 6, New York*

he'll be much happier, says Blum. Doctors, he adds, could provide the impetus for the hiring of the hostess and the writing of the booklet.

So much for the ways in which Blum feels you should be educating your patients. Now let's take a look at some of the things he thinks you can do with patients who are past being educated: unreasonable patients, neurotic patients, patients with out-and-out psychoses.

His first suggestion is a fairly surprising one: that you keep patients from depending on you very much. When a new patient comes in announcing, "Doctor, I just know that you'll be able to help me," start backing away, says Blum. Don't even commit yourself as far as "Well, we'll certainly see what we can do, Mrs. Thistlewaite," he urges.

Why not? This kind of flattery (and especially a gushing comparison of you with previous doctors) is a sure sign of the unreasonable patient, says Blum. By "unreasonable" he means the patient who expects you to work miracles—and who, when you don't, sulks, doesn't pay, and sues. What you should do, says Blum, is to promise nothing at all. You should make it as clear as possible that you may be able to help Mrs. Thistlewaite and then again you may not. If she leaves angrily, you're well rid of her. But she's not likely to leave.

Incidentally, says Blum, the habit of routine reassurance tends to be bad with *any* patient —or at least he finds that remarks on the order of "Don't worry, everything'll be all right" are generally of comfort only to the doctor himself.

Blum also suggests that you give prospective patients a short test to find out just how unreasonable they are. The one he has in mind is called the Patient Attitude Test.* It takes ten minutes to give and two minutes to grade; and both giving and grading can be handled by your aide while the patient is waiting to see you.

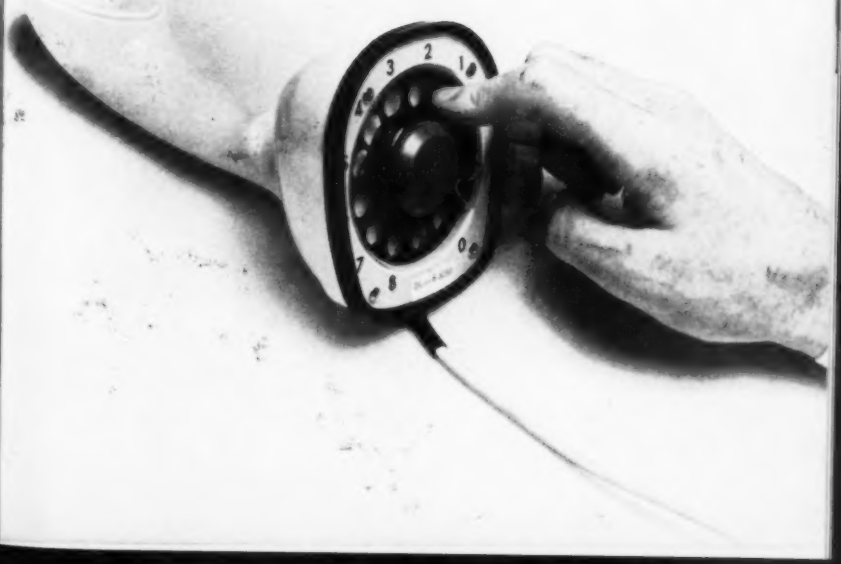
Suppose a patient "fails" the test—that is, turns out to be unreasonable. Says Blum: If you gracefully can, you may want to decline her as a patient. But as-

*It was devised by Blum himself and originally distributed by the California Medical Association. Some 150 doctors have tried it.

News from Abbott of a
truly practical "once a day"
diuretic-antihypertensive

ENDURON™
(METHYCLOTHIAZIDE, ABBOTT)

Longest acting of any available thiazide,
more sodium excretion with less potassium loss





XUM

Introducing **ENDURON**™
(METHYCLOTHIAZIDE, ABBOTT)

an improved way to treat edema and hypertension

*once a day, every day*

If you've found the thiazide diuretics helpful, you'll particularly appreciate Enduron. It provides the familiar benefits of oral thiazide therapy, but in a new and (we feel) more practical manner. ■ Dosage, for example, is engineered for the most practical schedule of all: "Once a day, every day." Easy to remember, easy to stick to. ■ More important, *duration* of action of this single daily dose is over 24 full hours. This means your first dose is still producing good diuresis or hypotensive action right up to the time when the next day's dose takes effect. ■ A single dose of 10 mg. produces a peak natruretic effect. By this we mean that the maximum possible effect occurs with 10 mg., and greater doses do not produce greater natruresis. However, most patients require just 5 mg. daily for satisfactory response. Some can be maintained on as little as 2½ mg. Such small doses afford a very safe therapeutic ratio. ■ If you're concerned about potassium, too, you'll like Enduron. It produces the least potassium excretion of any available thiazide. Depletion seldom becomes a factor in your therapy.

See next page for more details . . .

XUM

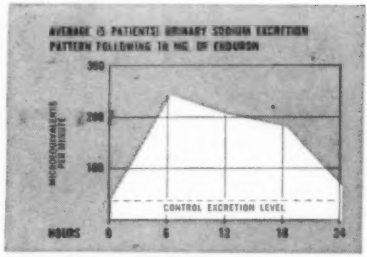
# ENDURON™

(METHYCLOTHIAZIDE, ABBOTT)

## logical culmination to thiazide therapy

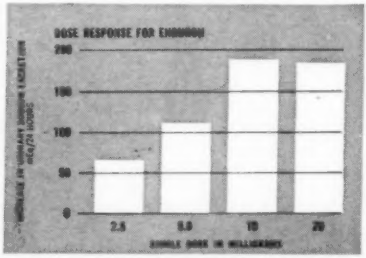
### MOST SUSTAINED ACTION OF ANY AVAILABLE THIAZIDE

For once a day dosage to be really satisfactory, it must continue to produce therapeutic effect more than 24 hours later. Otherwise you can expect a gap in action until next day's dose has time enough to re-establish the effect. This gap is avoided with Enduron therapy. Its action remains well above control (i.e., undosed) levels, even at the end of the 24-hour period.



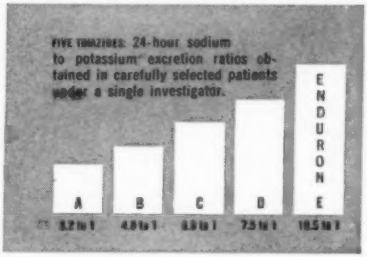

### ACHIEVES PEAK NATRURESIS WITH JUST 10 MG.

Enduron is about 20 times more potent than hydrochlorothiazide by weight. It is also more potent compared at peak doses. As explained before, by peak doses we mean the smallest amounts which produce maximum natruretic response. In Enduron that peak is achieved with just 10 mg. (see graph). Larger doses than 10 mg. don't produce additional effect, and aren't needed.




### MOST POTASSIUM-SPARING OF ANY AVAILABLE THIAZIDE

Enduron enhances sodium excretion, but doesn't boost potassium outgo proportionately. Its ratio of sodium excretion versus potassium is the most favorable of any available thiazide. In other words, Enduron leads to greater sodium excretion per unit of potassium excreted, and to less total potassium loss than other thiazides. Thus potassium depletion is rarely a problem.




Enduron indications and side reactions are generally comparable to those for the earlier thiazides. Diuresis is prompt, but like other thiazides, several weeks may be required for full hypotensive effect. Enduron has a potentiating action, and you may wish to adjust dosage of other antihypertensive agents if they are used at the same time. Our literature gives full details; ask any Abbott representative or write Abbott Professional Services, North Chicago, Illinois.

Supplied in 2½-mg. (No. 6827) and 5-mg. (No. 6812) square tablets, bottles of 100 and 1000.

ABBOTT

011291

suming you do take her on, you'll be ready to spot functional complaints, to guard against letting her run up a huge bill, and so on. (Why "her" each time? The considerable majority of unreasonable patients, Blum reports with a scientist's detachment, turn out to be women.)

Finally, Blum urges that if you do get rid of an unreasonable patient, you don't just turn her loose. You will be saving medicine a lot of trouble, he says, if you yourself find her another doctor.

The way it works now, he's found, is that an occasional patient gets "disliked, feared, and rejected" by several doctors in a row. This makes her twice as unreasonable as before, and sooner or later she finds a doctor-victim to take it out on—"usually some young man much in need of business."

"The young man," Blum says, "will have no foreknowledge of

even
"ladies"
like
cherry-flavored
VI-TYKE®
LIQUID MULTIVITAMINS

SYRUP—12 fl. oz. push-button can. Each 5 cc. teaspoonful contains: Vitamin A (Palmitate) 3,000 U.S.P. Units • Vitamin D 800 U.S.P. Units • Thiamine HCl ($B_1$) 1.5 mg. • Riboflavin ($B_2$) 1.5 mg. • Pyridoxine HCl ($B_6$) 1 mg. • Ascorbic Acid (C) 40 mg. • Vitamin $B_{12}$ 3 mcgm. • Niacinamide 10 mg. • Pantothenic Acid (as Panthenol) 1 mg. • Methylparaben 0.08% • Propylparaben 0.02%. Also available in concentrated form:
PEDIATRIC DROPS—50 cc. bottle.

LEDERLE LABORATORIES, a Division of AMERICAN CYANAMID COMPANY, Pearl River, N.Y.






XUM

the tiger he has taken to his bosom, nor will he have been in practice long enough to have developed the intuitive skills for recognizing or dealing with tigers." It's up to you to save him.

*How* do you save him? Who are the right doctors to send tigers to? Even Blum claims to have no good answer here. About all he can suggest is that you wish your tiger on an experienced man whose temperament is completely different from your own, and maybe for him she'll turn into a lamb.

Educating patients and dealing with difficult patients are probably the biggest subjects Blum covers. But he has plenty of ideas on other aspects of doctor-patient relations, too. Let's take up just a few.

▶ One of his more controversial suggestions is that when you refer a patient to another doctor you keep right on seeing him meanwhile.

What he has in mind is an occasional appointment "in order to review [the patient's] health-care program and his reaction to the specialist." Mostly, Blum feels, you would listen and not commit yourself. But if the patient is very unhappy, then you're supposed to go talk to the specialist himself and see if you can iron the trouble out.

What this would amount to, as Blum admits, is "the informal monitoring of specialist practice" by family doctors. It's not an idea that will appeal much to specialists. But, as he says, monitoring really takes place already—through patients' complaints—only it happens too late to do much good. Blum believes that making it overt would do much to eliminate the cold-fish charge and would also nip a good many malpractice suits in the bud.

▶ Another of Blum's unorthodox ideas concerns billing for unsuccessful treatment. The orthodox view, as loudly voiced by some insurance companies especially, is that when treatment has a poor result you keep your mouth shut and send your regular bill. Cut your bill and you're practically sitting up and begging for a malpractice suit, this view runs.

Not so, says Blum. It's *not*



XUM

# Robins



## helps remove the cause of cough[1]

Glyceryl guaiacolate (Robitussin) exerts "the most intense and prolonged"[2] expectorant action "of practically all drugs presently used clinically as expectorants."[2]

It greatly increases the secretion of respiratory tract fluid,[2] which makes sputum less viscid and easier to raise,[2-4] makes tracheal and bronchial cilia more efficient,[3,5] and acts as a demulcent.[1-3,6]

Thus Robitussin increases the probability that a cough will achieve its natural purpose—i.e., to remove irritants such as exudates and mucus from the respiratory tract.[1,4,5]

**references:** 1. Blanchard, K., and Ford, R. A., J.-Lancet, 74:433, 1954. 2. Cass, L. J., and Frederik, W. S., Am. Pract. Dig. Treat., 2:844, 1951. 3. Hayes, E. W., and Jacobs, L. S., Dis. Chest, 30:441, 1956. 4. Blanchard, K., and Ford, R. A., Clin. Med., 3:961, 1956. 5. Blanchard, K., and Ford, R. A., Rocky Mt. M. J., 52:278, 1955. 6. Boyd, E. M., et al., Can. M. Assoc. J., 54:216, 1946.

# Robitussin®

Glyceryl guaiacolate, 100 mg. in each 5 cc. teaspoonful

# Robitussin® A-C

Glyceryl guaiacolate 100 mg., prophenpyridamine maleate 7.5 mg., and codeine phosphate 10 mg. in each 5 cc. tsp. Exempt narcotic.

**A. H. ROBINS COMPANY, INC., RICHMOND 20, VA.**

XUM

sympathetically reducing your bill that brings on suits.

Consider how a standard bill looks to the patient on such occasions, says Blum. From his point of view, he has suffered for nothing, and you don't even care. "The doctor acted just like nothing had gone wrong," he reports having heard over and over again from patients. "He doesn't give a damn for anything but his money," some added. What's more natural, asks Blum, than for the patient to want to *make* his doctor give a damn, if necessary by slapping him with a suit?

Blum is not, he insists, arguing that every time a patient is less than perfectly satisfied with treatment you should instantly cut your fee. He is advocating an informal conference with every dissatisfied patient.

The point of the conference is to let the patient talk out his feelings—to vent his anger and

*Reliable*
PROFESSIONAL LIABILITY
INDIVIDUAL INSURANCE
*with proficient defense*
*that cuts the cost*

THE
MEDICAL PROTECTIVE COMPANY
FORT WAYNE, INDIANA
*Professional Protection Exclusively since 1899*

Operating in: California, Florida, Illinois, Indiana, Iowa, Kansas, Kentucky, Massachusetts, Michigan, Minnesota, Missouri, Nebraska, New Jersey, Ohio, Pennsylvania, Texas, and Wisconsin.

# Helps you take the misery out of menopause

*as hormones alone often don't do*



## Fast-acting Milprem directly relieves both emotional dread and estrogen deficiency

Many physicians find that estrogen therapy is not enough for the woman who is also filled with anxiety by her menopause. Her emotional dread may make her so miserable that it becomes a real clinical problem.

This is where Milprem helps you so much. It calms the woman's anxiety and tension; prevents moody ups and downs; relieves her insomnia and headache. At the same time, it checks hot flushes by replacing lost estrogens. The patient feels better than she did on estrogen therapy alone. And your counsel and your assurances can now help her make her adjustment much faster.

**Composition:** Miltown (meprobamate) + conjugated estrogens (equine).
**Supplied:** **Milprem-400**, each coated pink tablet contains 400 mg. Miltown and 0.4 mg. conjugated estrogens (equine). **Milprem-200**, each coated old-rose tablet contains 200 mg. Miltown and 0.4 mg. conjugated estrogens (equine). Both potencies in bottles of 60.
*Literature and samples on request.*

**Dosage:** One Milprem tablet t.i.d. in 21-day courses with one-week rest periods; during the rest periods, Miltown alone can sustain the patient.

Milprem®

CMP-1307

® WALLACE LABORATORIES / *Cranbury, N. J.*




XUM

disappointment. The M.D.'s role is "to listen sympathetically, commiserate, express his own sadness, and in every way let the patient see that his doctor is a human being who cares about what happened." You also, of course, should make it clear that the bad results are not your fault.

And then? When the patient is all talked out, you ask him what he thinks he should do about the bill. If he suggests paying, say, half or two-thirds, you accept and the case is closed.

If he says angrily that he's damned if he'll pay anything, then look out, says Blum. This is the patient who may later sue. The thing to do is to keep on talking, to try to get his grievance out in the open. If you can do that, maybe you can cure it—and, incidentally, get at least a token payment. If not, at least you're forewarned.

▶ Then there's the matter of names. No physician should ever, Blum says flatly, call an adult patient by his first name unless he also invites the patient to call him by his.

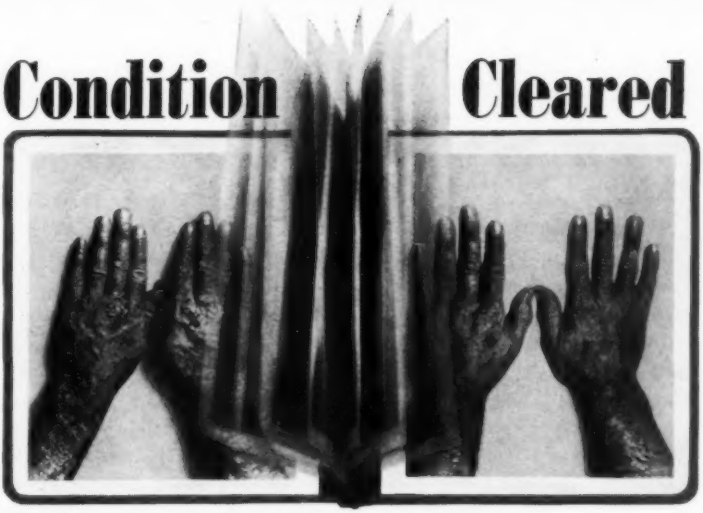
Even worse are endearments and the like. The physician (or aide) who calls patients things like "Honey" and "Grandma" is just laying up trouble, he says. "The patient has a name and rightfully expects to be addressed by it."

4. Coming back to hospitals, Blum would like to start what amounts to a major battle between staff M.D.s and hospital administrations. By deliberately isolating patients from their families, their clothes, and even their wallets, hospitals breed functional disorders about as fast as they cure organic ones, Blum believes. He puts most of the blame on the administrative desire for efficiency.

His cure is drastic. Staff doctors, he says, should write orders for their ambulant patients to be allowed their clothes, to be up and about most of the day, and so on. For their bed patients they should write orders arranging for a member of the family to room-in at the hospital.

To prove the need for such orders, he cites studies showing that present hospital isolation is so harmful to older patients in

# Condition Cleared



**Chronic eczematous dermatitis** **9 days later**

Kenalog, a synthetic corticosteroid, provides dramatic relief and control of many common dermatologic disorders. Even chronic, therapeutically refractory conditions, unresponsive to other topical steroids, are often favorably influenced with Kenalog. The powerful anti-inflammatory and antipruritic action of Kenalog produces prompt, satisfying relief of itching and burning. Treatment can proceed without interruption because topical Kenalog is well tolerated . . . systemic toxicity unobserved . . . electrolyte balance undisturbed.

**Kenalog**

Squibb Triamcinolone Acetonide

---

**for extra protection against infection**

**Kenalog-S**

Squibb Triamcinolone Acetonide with Neomycin and Gramicidin (Spectrocin)

A clinically superior topical corticoid with added protection against bacterial infection to rapidly relieve itching, inflamed or infected skin lesions.

*Supply:* Kenalog Cream, 0.1% — 5 Gm. and 15 Gm. tubes. Kenalog Lotion, 0.1% — 15 cc. plastic squeeze bottles. Kenalog Ointment, 0.1% — 5 Gm. and 15 Gm. tubes. Kenalog-S Lotion, 7.5 cc. plastic squeeze bottles. Kenalog-S Ointment, 5 Gm. and 15 Gm. tubes. Kenalog-S Cream, 5 Gm. and 15 Gm. tubes. *New:* Kenalog Spray, 50 Gm. and 150 Gm. containers of 3.3 mg. and 10 mg. triamcinolone acetonide, respectively.

'KENALOG'® AND 'SPECTROCIN'® ARE SQUIBB TRADEMARKS.

SQUIBB *Squibb Quality—the Priceless Ingredient*



XUM

particular that after a long hospital stay many of them are unable to resume normal life at all.

▶ More consultation is still another Blum recommendation. He's not talking about consultation when you're unsure of the diagnosis, but when the patient is. This is frequently, he thinks. Especially before something like surgery, most patients would give anything for a second opinion.

Why don't more of them *ask* you to check with another doctor, then? Embarrassment, he says. Not understanding the consultation ethic, they think that to suggest another doctor is something like being a member of Parliament and proposing a vote of no confidence in the Prime Minister.

Rather than do that, he says, scores of patients he has talked to have sneaked off to another physician without a word—and haven't told the truth to *him*, either. Result: duplicate tests, doubled expenses, and a sense of guilt.

Therefore, Blum urges, don't wait for the patient to ask you for consultation. If what you're recommending is anything at all major, ask him if he would like you to get another physician's opinion. Better yet, ask him twice. The worried patient, Blum says, is also likely to be the shy one.

This article hasn't begun to exhaust the range of Blum's ideas. But it does show the sort of thing he recommends. If you want to hear more—well, one virtue of medical books is their tax-deductibility. END

---

## *White tie and tails*

The following headline appeared in the Louisville, (Ky.) Courier-Journal above the review of a song recital:

Elena Nikolaidi Gives Distinguished Rectal

—FREEMAN P. FOUNTAIN, M.D.



XUM



Effective against more than 30 of the commonly encountered pathogens, including **staph** and **strep**, Panalba KM assures you of prompt control in potentially-serious pediatric infections. Panalba KM makes a pleasant-tasting, readily accepted suspension.

When sufficient water is added to fill the bottle to a total volume of 40 cc. (or 60 cc.) and the contents shaken, each 5 cc. (one teaspoonful) contains:

| | |
|---|---|
| Panmycin (tetracycline) equivalent to tetracycline hydrochloride | 125 mg. |
| Albamycin (as novobiocin calcium) | 62.5 mg. |
| Potassium Metaphosphate | 100 mg. |

Supplied: In 40 cc. and 60 cc. bottles.

*TRADEMARK, REG. U. S. PAT. OFF.

THE UPJOHN COMPANY, KALAMAZOO, MICHIGAN

**in potentially-serious pediatric infections, make**

**Upjohn**

# Panalba KM

*Granules

PANMYCIN* PLUS ALBAMYCIN* WITH POTASSIUM METAPHOSPHATE (KM)

your broad-spectrum antibiotic of **first** resort



XUM



this is
PLEXONAL
(ACTUAL SIZE AND SHAPE)

Optimum results are obtained by gradually increasing the dosage to the maximum the patient can tolerate without the appearance of drowsiness. The following procedure for dosage adjustment has proven highly successful:

Take one tablet 2 times per day for 2 days. On the third day increase the daily dosage by one tablet. Similarly increase the dose every third day thereafter, to the point of drowsiness.

For example, if one tablet 4 times a day produces an obvious sleepy feeling, and on three the patient is comfortable, then the proper dose will be three tablets per day.

XUM

a superior daytime relaxing agent

*(NOT A TRANQUILIZER)*

# PLEXONAL®

**Comparative clinical studies show that PLEXONAL is superior to meprobamate or barbiturates for daytime relaxation[1,2]**

"Plexonal was preferred (superior therapeutic effect) by 73.7 per cent of the patients, whereas 11.1 per cent preferred meprobamate, a ratio of 6.6 to 1.... 30.5 per cent noted adverse reactions to meprobamate as compared to 7 per cent in respect to Plexonal.... Plexonal gave better results than did any of the sedative or relaxing agents that have been available during our experience covering the previous 15 years."[1]

As a daytime relaxant, "it is well suited especially for the treatment of hyperexcitability and anxiety."[2]

*Indications:* Anxiety, tension, apprehension, nervousness, irritability, restlessness, hyperexcitability.

Extremely well tolerated by geriatric patients who need mild sedation, as well as by depressed patients.

*Dosage:* One tablet 3 or 4 times a day is adequate for most patients. However, some require up to six tablets per day, whereas others respond adequately to as little as 1 tablet per day.

*Composition:* Each tablet contains sodium diethylbarbiturate 45 mg., sodium phenylethylbarbiturate 15 mg., sodium isobutylallylbarbiturate 25 mg., scopolamine hydrobromide 0.08 mg., dihydroergotamine methanesulfonate 0.16 mg.

1. Scheifley, C. H.: Proc. Staff Meet. Mayo Clin. 34:408 (Aug. 19) 1959. 2. Kadish, A. H.: Clin. Med. 2:379 (March) 1956.





XUM

# Fostex®
# treats their acne while they wash




completely emulsifies and washes off excess oil from the skin.

penetrates and softens comedones, unblocks pores and facilitates removal of sebum plugs.

removes papule coverings and permits drainage of sebaceous glands.

Patients like Fostex because it is so easy to use. They simply wash acne skin 2 to 4 times a day with Fostex Cream or Fostex Cake, instead of using soap.

Fostex contains Sebulytic®,* a combination of surface-active wetting agents with remarkable antiseborrheic, keratolytic and antibacterial actions . . . enhanced by sulfur 2%, salicylic acid 2%, and hexachlorophene 1%.

*sodium lauryl sulfoacetate, sodium alkyl aryl polyether sulfonate and sodium dioctyl sulfosuccinate.

*Fostex is available in two forms—*



**FOSTEX CREAM,** in 4.5 oz. jars.
**FOSTEX CAKE,** in bar form.

Fostex Cream and Fostex Cake are interchangeable for therapeutic washing of the skin. Fostex Cream is approximately twice as drying as Fostex Cake.

Fostex Cream is also used as a therapeutic shampoo in dandruff and oily scalp.

*Write for samples.*

WESTWOOD PHARMACEUTICALS • Buffalo 13, New York

alert tranquillity

# Striatran



**a new, improved, more potent relaxant for anxiety and tension**

**Clinical reports indicate:**

- **effective in half the dosage required with meprobamate**
- **significantly less drowsiness than with meprobamate, phenothiazines, or the psychosedatives**
- **does not impair intellect, skilled performance, or normal behavior in recommended dosage**
- **neither depression nor clinically significant toxicity in recommended dosage**

STRIATRAN is indicated in anxiety and tension, occurring alone or in association with a variety of clinical conditions.

**Usual Adult Dosage:** One tablet three times daily, preferably just before meals. In insomnia due to emotional tension, an additional tablet at bedtime usually affords sufficient relaxation to permit natural sleep.

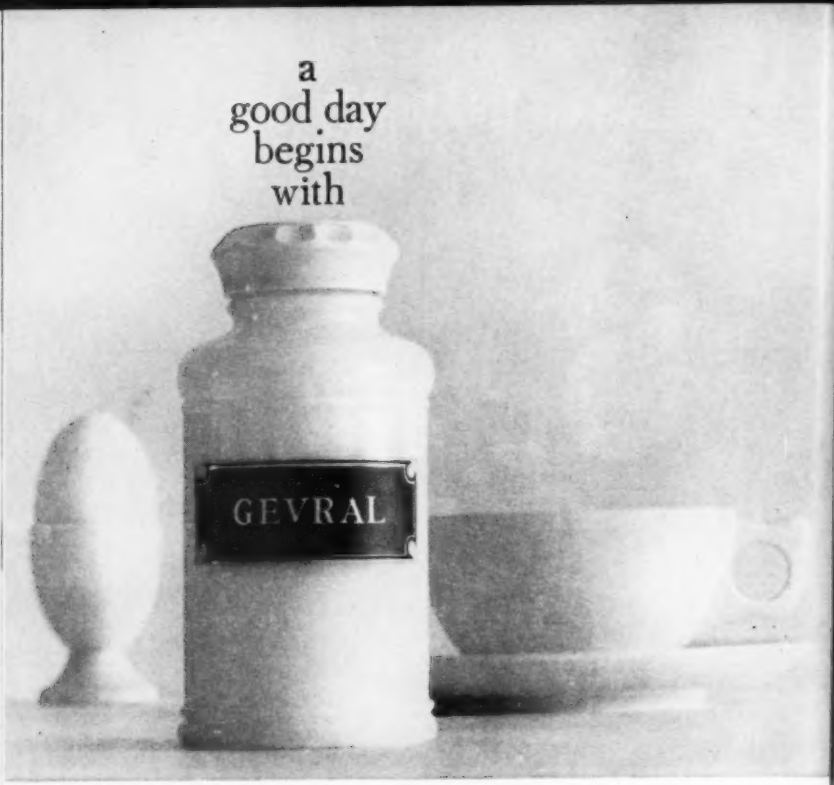
**Supply:** 200-mg. tablets, coated pink, bottles of 100.

While no absolute contraindications have been found for STRIATRAN in the recommended dosage, the usual precautions and careful supervision required with all new and potent drugs should, of course, be observed.

Additional information available to physicians on request; write Professional Services, Merck Sharp & Dohme, West Point, Pa.

MSD MERCK SHARP & DOHME, DIVISION OF MERCK & CO., INC., WEST POINT, PA.

STRIATRAN IS A TRADEMARK OF MERCK & CO., INC.




. . . a substantial nutritional basis for normal daily activity in the normal patient. GEVRAL is an effective, once-a-day supplement for the entire family—13 vitamins, 11 minerals.

**Each capsule contains:** Vitamin A 5,000 U.S.P. Units • Vitamin D 500 U.S.P. Units • Vitamin $B_{12}$ with AUTRINIC® Intrinsic Factor Concentrate 1/15 U.S.P. Oral Unit • Thiamine Mononitrate ($B_1$) 5 mg. • Riboflavin ($B_2$) 5 mg. • Niacinamide 15 mg. • Pyridoxine HCl ($B_6$) 0.5 mg. • Ca Pantothenate 5 mg. • Choline Bitartrate 50 mg. • Inositol 50 mg. • Ascorbic Acid (C) 50 mg. • Vitamin E (as tocopheryl acetates) 10 I. U. • l-Lysine Monohydrochloride 25 mg. • Rutin 25 mg. • Ferrous Fumarate (Elemental iron, 10 mg.) 30.4 mg. • Iodine (as KI) 0.1 mg. • Calcium (as $CaHPO_4$) 145 mg. • Phosphorus (as $CaHPO_4$) 110 mg. • Boron (as $Na_2B_4O_7.10H_2O$) 0.1 mg. • Copper (as CuO) 1 mg. • Fluorine (as $CaF_2$) 0.1 mg. • Manganese (as $MnO_2$) 1 mg. • Magnesium (as MgO) 1 mg. • Potassium (as $K_2SO_4$) 5 mg. • Zinc (as ZnO) 0.5 mg.

# GEVRAL® CAPSULES
VITAMIN-MINERAL SUPPLEMENT

LEDERLE LABORATORIES, a Division of AMERICAN CYANAMID COMPANY, Pearl River, New York



# Moments of truth in medicine

*More illustrations of common sense in medical practice—this time as applied to diagnostic tests and folk medicine*

*By Gordon Vail Stoddard,* M.D.

In the hospitals of today, we attendings on the various services have the privilege of sharing in the training programs for internes from all over the world. Whether the new interne hails from Outer Mongolia or Upper Montclair, he will surely have received more book stuff than clinical experience from his medical school. The clinical experience we must give him generously.

Not long ago, a new arrival from the Philippines replied, "X-ray hazy," when I asked him what he had found in a patient's chest. I said, "No. I mean, what did *you* find?" But he was not willing to commit himself. So I percussed a flat area on the thorax and said, "Suppose you take a liter of fluid out of there."

It was news to this young man that so simple a procedure could provide definite information. He was still more impressed when he withdrew the fluid.

* * *

The practice of medicine might be more pleasing if every case were a rarity. But sometimes when we're looking for the "Zilch-Butterfinger Syndrome," we discover a simple case of mumps. Most patients have *usual* diseases.

I think it was our second day

THIS ARTICLE *is the fourth in a series by an East Orange, N.J., cardiologist.*

as internes, in June, 1930. A child was brought into emergency with a swollen face. "Aha," said a neophyte doctor. "Acute nephritis, I'll bet you." He hadn't forgotten his books.

The chief of orthopedics, who was putting on a cast in a nearby room, heard this pronouncement and looked in. He glanced at the child and asked the mother, "Has Joe been playing out in the fields?"

"Yes, Doctor."

"Any poison ivy there?"

"Oh, yes, Doctor, loads of it."

The orthopedic surgeon went back to his work and left us with some good down-to-earth ideas. He was so right.

* * *

"Most Stat. orders," said a staff pathologist, "are not really indicated. But, of course, they must be carried out."

Suppose you are giving your clinically definite myocardial infarction all the necessary safe-

*for the two most frequently performed urine tests*

**URISTIX®**

BRAND Reagent Strips

*1 strip...1 dip...2 results*

colorimetric "dip-and-read" combination test for *protein* and *glucose* in urine

- timesaving
- economical
- completely disposable

61359

AMES COMPANY, INC
Elkhart • Indiana
Toronto • Canada



## What's she doing that's of medical interest?

She's drinking a glass of pure Florida orange juice. And that's important to her physician for several reasons.

*How* your patients obtain their vitamins or any of the other nutrients found in citrus fruits is of great medical interest—because there are so many substitutes and imitations for the real thing.

Actually, there's no better way for this young lady to obtain her vitamin C than by doing just what she is doing, for there's no better source than oranges and grapefruit ripened in the Florida sunshine.

We know that a tall glass of orange juice is just about the best thing a patient can reach for when he or she raids the refrigerator. We also know that if you encourage this refreshing and healthful habit among your patients of any age, you'll be helping them to the finest between-meals drink there is.

Nothing has ever matched the quality of Florida citrus—watched over as it is by a State Commission that enforces the world's highest standards for quality in fresh, frozen, canned, or cartoned citrus fruits and juices.

That's why the young lady's activities are of medical interest.

©Florida Citrus Commission, Lakeland, Florida

# In over five years



## ...for the tense and nervous patient

Despite the introduction in recent years of "new and different" tranquilizers, Miltown continues, quietly and steadfastly, to gain in acceptance. Meprobamate (Miltown) is prescribed by the medical profession more than any other tranquilizer in the world.

The reasons are not hard to find. Miltown is a ***known*** drug. Its few side effects have been fully reported. ***There are no surprises in store for either the patient or the physician.***

XUM

# of clinical use...

## Proven
in more than 750 published clinical studies

## Effective
for relief of anxiety and tension

## Outstandingly Safe

1. simple dosage schedule produces rapid, reliable tranquilization without unpredictable excitation
2. no cumulative effects, thus no need for difficult dosage readjustments
3. does not produce ataxia, change in appetite or libido
4. does not produce depression, Parkinson-like symptoms, jaundice or agranulocytosis
5. does not impair mental efficiency or normal behavior

# Miltown®
meprobamate (Wallace)

*Usual dosage:* One or two 400 mg. tablets t.i.d.
*Supplied:* 400 mg. scored tablets, 200 mg. sugar-coated tablets; or as MEPROTABS* — 400 mg. *unmarked*, coated tablets. *TRADE-MARK

WALLACE LABORATORIES / *Cranbury, N. J.*

CM-2539

XUM

guards, do you need to know the exact ECG pattern at 2 A.M.? Must a technician do a Stat. blood typing before the doctor has even *seen* the patient whose complaint is a mild degree of bleeding? Should the order "Stat. c.b.c." be written when the situation demands only a white count?

These, I have ascertained, are the main complaints of the technicians who drive through rain and snow to serve us. We can help them by avoiding the impulsive order. All we need do is ask ourselves this question: Can it wait?

* * *

Everyone knows about Dr. D. C. Jarvis' best-seller, "Folk Medicine," which advocates honey and vinegar as a basic health formula. But before we begin any research project to isolate the pan-therapeutic alkaloids concealed in these familiar staples, let's examine the text

**Over 17,000 doctors own their medical buildings**



**Why don't you?** Yes, over 17,000 doctors enjoy the convenience of their own medical buildings. At Erdman, medical buildings are our specialty. Take the worry out of building — we quote firm prices, guarantee quick construction — and tailor-make the building to fit your practice and site. Write today for information and specifications.

**MARSHALL ERDMAN & ASSOCIATES, INC.**
5110 University Avenue • Madison 5, Wisconsin
BRANCH OFFICES — New York and Santa Barbara, California
*Building Consultants in Principal Markets*
*Designers, Engineers, Manufacturers and Builders of Custom Medical Buildings*



XUM



## anorectal comfort

To shorten total treatment time in hemorrhoids, proctitis and pruritus ani, *start* treatment with Anusol-HC (2 suppositories daily/3-6 days) — then *maintain* lasting comfort with regular Anusol (1 suppository morning, evening and after each bowel movement). Neither product contains analgesics or narcotics, will not mask symptoms of serious rectal pathology.

**Anusol®**
*hemorrhoidal suppositories and unguent*

**Anusol-HC®**
*dependable Anusol suppositories w/hydrocortisone*

WARNER CHILCOTT
MORRIS PLAINS, N.J.

AN-MS04

XUM

from which they sprang to fame.

Dr. Jarvis and the reader soon become lost in dietary, medicinal, and physiological conjectures so complex as to defy documentation. The book, like many other intriguing health systems, is too easily mistaken for fact. I've heard of a woman in upstate New York who tried vinegar for her gastric ulcer!

"Folk Medicine" advises us to imitate the animals; and I think this is a fine suggestion if we will just imitate their simple adherence to instinct by adhering to *our* common sense. The precise fault with Dr. Jarvis' apparently down-to-earth fundamentalism is that it's not down to earth.

* * *

In the drugstore, I was extolling a tetracycline preparation that had promptly terminated a severe infection. "The patient is more than satisfied," I told the pharmacist. "But she does men-

Now... the unique benefits of DECLOMYCIN®
Demethylchlortetracycline
with Nystatin

DECLOSTATIN

Demethylchlortetracycline and Nystatin LEDERLE

CAPSULES, *150 mg. DECLOMYCIN Demethylchlortetracycline HCl and 250,000 units Nystatin.*

DOSAGE: *average adult, 1 capsule four times daily.*

LEDERLE LABORATORIES, A Division of AMERICAN CYANAMID COMPANY, Pearl River, New York

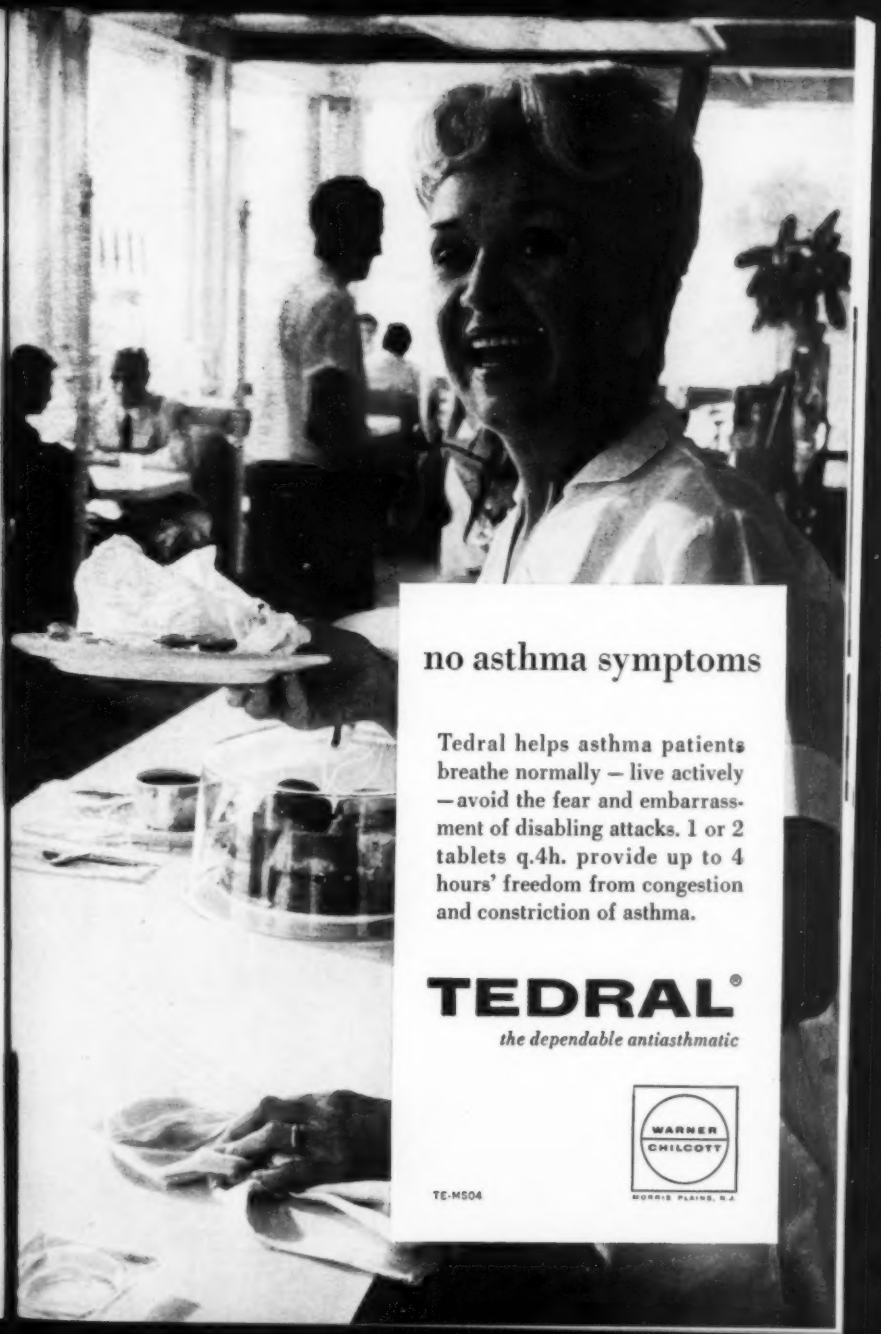

opens closed noses
In common colds or allergies, anti-infective Biomydrin opens nasal passages *in minutes*... faster than oral decongestants ...without causing tolerance or sensitization. And there's no rebound congestion because Biomydrin's *penetrating* mucolytic agent permits use of only ½ the usual decongestant.
Biomydrin®
*nasal spray/drops*
WARNER CHILCOTT
MORRIS PLAINS, N.J.
BIO-MS04

tion an annoying side effect. She says it's 'like squirrels scurrying around' in her lower intestine."

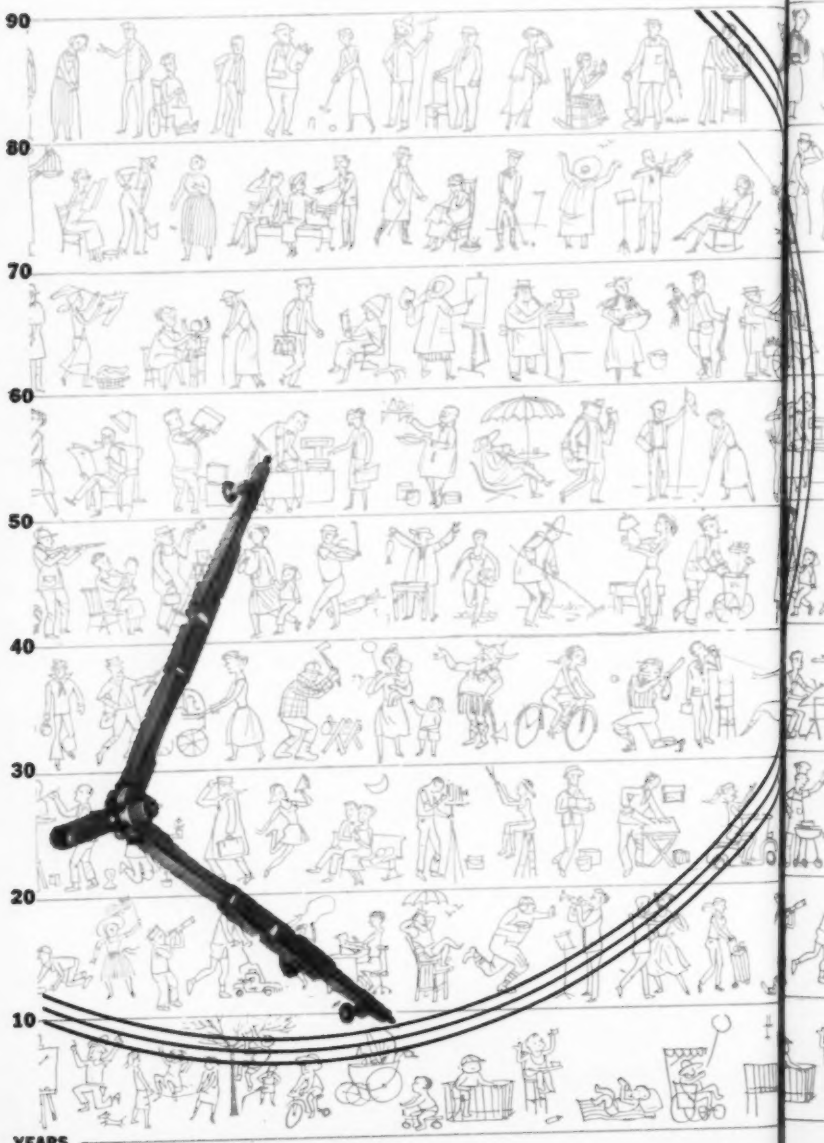
"Doctor," said the pharmacist, "I've got just what she needs. There's a new preparation that promptly restores the normal intestinal flora—and fauna!" END




"Better let me check them. Maybe I put the lenses in wrong."


no asthma symptoms
Tedral helps asthma patients breathe normally – live actively – avoid the fear and embarrassment of disabling attacks. 1 or 2 tablets q.4h. provide up to 4 hours' freedom from congestion and constriction of asthma.
TEDRAL®
the dependable antiasthmatic
WARNER CHILCOTT
MORRIS PLAINS, N.J.
TE-MS04

XUM


90
80
70
60
50
40
30
20
10
YEARS



**senile anxiety**

**disorientation**

**agitation**

**hostility**

**irritability**

**apprehension**

**hysteria**

**insomnia**

**chronic urticaria**

**alcoholism**

**menopausal syndrome**

**neurodermatoses**

**functional g.i. disorders**

**psychoneuroses**

**tension headaches**

**dysmenorrhea**

**psychosomatic complaints**

**situational stress**

**asthma**

**hyperactivity**

**tics**

**preoperative anxiety**

**enuresis**

**behavior problems**

# ATARAX ENCOMPASSES MORE PATIENT NEEDS... LETS YOU CHART A SAFER, MORE EFFECTIVE COURSE TO TRANQUILITY

• ATARAX has a wide range of flexibility ... from mild adult tensions and anxieties to full-blown alcoholic episodes ... from the behavior disorders of childhood to the emotional problems of old age. Why? Because it gives you maximum adaptability of dosage ... works quickly and predictably ... is unsurpassed in safety.

• ATARAX offers extra pharmacologic actions especially useful in certain troublesome conditions. It is antihistaminic and mildly antiarrhythmic, does not stimulate gastric secretions. Hence it is well suited to the needs of your allergic, cardiac and ulcer patients.

Have you discovered all the benefits of ATARAX?

**Dosage:** Adults, one 25 mg. tablet, or one tbsp. Syrup q.i.d. Children, 3-6 years, one 10 mg. tablet or one tsp. Syrup t.i.d.; over 6 years, two 10 mg. tablets or two tsp. Syrup t.i.d. **Supplied:** Tiny 10 mg., 25 mg., and 100 mg. tablets, bottles of 100. Syrup, pint bottles. Parenteral Solution: 25 mg./cc. in 10 cc. multiple-dose vials; 50 mg./cc. in 2 cc. ampules. Prescription only.

**Complete bibliography on request.**

ATARAX®

(BRAND OF HYDROXYZINE)




Rx only

New York 17, N. Y.
Division, Chas. Pfizer & Co., Inc.
Science for the World's Well-Being™

**VITERRA®** • capsules • tastitabs® • therapeutic capsules

for vitamin-mineral supplementation

XUM


unsurpassed "general-purpose" steroid outstanding for "special-purpose" therapy
Aristocort®

in allergic and inflammatory dermatoses

# Aristocort®

Triamcinolone LEDERLE

*UNSURPASSED "GENERAL-PURPOSE" STEROID*
*OUTSTANDING FOR "SPECIAL-PURPOSE" THERAPY*

*for example:*

*SPECIAL PROBLEM: EDEMA DUE TO SODIUM AND WATER RETENTION*

In patients with edema induced by the earlier corticosteroids or from other causes, diuresis and sodium loss often occurs with triamcinolone. (Fernandez-Herlihy, L.: *M. Clin. North America* 44:509 [Mar.] 1960.)

*SPECIAL PROBLEM: APPETITE STIMULATION AND WEIGHT GAIN*

In contrast to the heightened craving for food sometimes seen with other corticosteroid compounds, appetite was unaffected by triamcinolone. (Cahn, M. M., and Levy, E. J.: *Am. Pract. & Digest Treat.* 10:993 [June] 1959.)

*SPECIAL PROBLEM: HYPERTENSION*

When ARISTOCORT was given to patients with dermatologic disorders for long periods, there were no significant changes in blood pressure. (Kanof, N. B.; Blau, S.; Fleischmajer, R., and Meister, B.: *A.M.A. Arch. Dermat.* 79:631 [June] 1959.)

*SPECIAL PROBLEM: PSYCHIC STIMULATION AND INSOMNIA*

Ideally, corticosteroid therapy ought not to add to the psychic component in dermatologic disorders, nor induce insomnia which will intensify the patient's itching and irritation. ARISTOCORT Triamcinolone has been singled out for its remarkably low incidence of psychic irritation and insomnia. (McGavack, T. H.: *Nebraska M. J.* 44:377 [Aug.] 1959; Freyberg, R. H.; Berntsen, C. A., Jr., and Hellman, L.: *Arthritis & Rheumatism* 1:215 [June] 1958.)

*SPECIAL PROBLEM: SEVERE CARDIAC DISEASE*

Elderly Patients with pulmonary emphysema due to impending heart failure who required corticosteroid therapy showed that triamcinolone could be employed with benefit and relative safety. (McGavack, T. H.; Kao, K. Y. T.; Leake, D. A.; Bauer, H. G., and Berger, H. E.: *Am. J. M. Sc.* 236:720 [Dec.] 1958.)

*Precautions:* Collateral hormonal effects generally associated with corticosteroids may be induced. These include Cushingoid manifestations and muscle weakness. However, sodium and potassium retention, edema, weight gain, psychic aberration and hypertension are exceedingly rare. In the treatment of allergic and inflammatory dermatoses, dosage should be individualized and kept at the lowest level needed to control symptoms. Dosage should not exceed 36 mg. daily without potassium supplementation. Drug should not be withdrawn abruptly. Contraindicated in herpes simplex and chicken pox.

*Supplied:* Scored tablets – 1 mg. (yellow); 2 mg. (pink); 4 mg. (white); 16 mg. (white). Also available – syrup, parenteral and various topical forms.

Lederle

LEDERLE LABORATORIES, A Division of AMERICAN CYANAMID COMPANY, Pearl River, N.Y.

XUM

# *Year-end tax strategy can*

*Here's how planned investment transactions can cut your tax bill. It's a sure-fire technique—if you act fast*

*By M. J. Goldberg*

Any time is a good time to review your investment portfolio. But this is the best time of all.

During the remaining weeks of 1960, you have your last chance to realize gains and losses that can cut your tax bill considerably. And you can also put yourself in the best possible tax and investment position for next year.

Of course, nobody wants to disrupt a long-range investment program just for temporary tax advantages. But almost every doctor owns some stocks that aren't worth keeping if there's a money-saving reason for unloading them. Which issues *should* you consider selling? And when should you sell them —now, or after the first of the year?

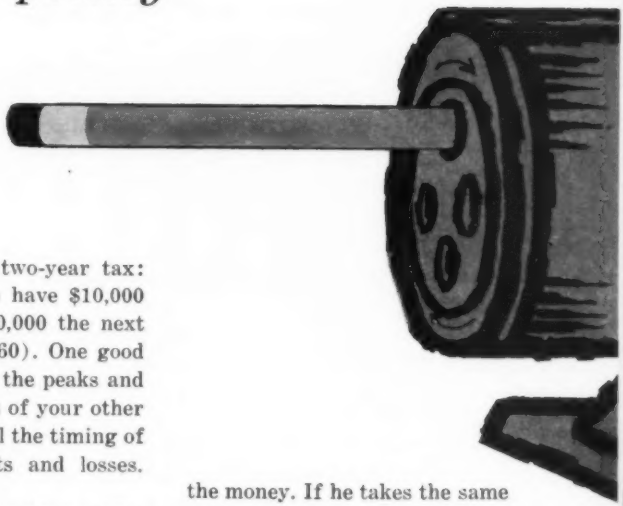
With the right answers, you're sure to save some tax money. Be warned, though: Stock selling for tax purposes is *not* an exact science. Much depends on imponderables like the size of your income next year and the distant prospects for a given stock. You must make the investment decisions yourself. This article will merely help you weigh the tax implications of every investment step you take this month.

There are three big tax principles to bear in mind:

1. Capital gains and losses should be used to avoid bunching too much income in a single year.

For tax purposes, it's much better to have a taxable income of $20,000 a year for two years

# *save you plenty*



in a row (total two-year tax: $10,560) than to have $10,000 one year and $30,000 the next (total tax: $11,660). One good way to round off the peaks and fill in the troughs of your other earnings: Control the timing of investment profits and losses. To illustrate:

Because of ill health in 1960, a certain physician expects to have a taxable income of only about $12,000 from his practice. So he realizes that now's the time to salt down some of his long-term capital gains. The tax on his profits will be much lower than it's likely to be next year, when his total income will undoubtedly soar.

If he now realizes about $4,000 in long-term capital gains, he'll pay a tax of $600 on the money. If he takes the same profit next year, when his professional earnings will be normal, he'll have to pay $1,000 in taxes on it.

2. Where possible, short-term capital gains should be allowed to ride until they become long-term.

Short-term gains—the profits on securities you hold for six months or less—are taxed in full. Long-term gains are taxed at only half your usual rate; and if your usual rate is over 50 per

cent, the tax can't exceed a flat 25 per cent. So you shouldn't sell a stock for short-term gains unless you have strong reasons for thinking it will drop in value.

3. When possible, investment losses should be used to cancel out ordinary income or short-term gains rather than long-term gains.

The reason is simple: You get at least twice as much tax benefit out of your losses that way.

For example, suppose you use a $1,000 loss to cancel out $1,000

## A note of caution on tax selling

The gold that's supposed to be hidden in your paper losses may turn to dross when you sell your stock at year-end, warns one investment analyst. Here's the reasoning of Barron's Writer Rodger W. Bridwell:

"Investors who try to cash in on tax selling often wind up with losses and disillusionment instead of reduced taxes.

"To begin with, a stock may show a loss not because its own prospects have worsened, but because the market as a whole is weak. If such is the case, the shares should offer better value at the lower price and should be held—particularly now, when pent-up tax selling drives stock after stock to abnormally low levels. More often than not, the stock which is sold will rebound, and the seller will suffer far more in lost equity than he saves in taxes.

"Any effort by the investor to reduce his tax liability is—or should be—decidedly secondary to strengthening his portfolio."

Schering

# basic hypertension therapy at **lowest** thiazide dosage

# Naqua™

trichlormethiazide



## basic approach with Naqua

1. Use of Naqua as primary therapy for B.P. reduction in mild and moderate hypertension.

2. B.P. stabilized with maintenance therapy for prolonged periods.

3. Addition to Naqua of rauwolfia alkaloid, hydralazine, or ganglionic blocking agent, depending on B.P. response and severity of hypertension.

**For complete details on indications, dosage, administration, precautions and contraindications consult Schering literature.**

## special advantages of Naqua

1. Naqua alone is adequate in many cases at dosages 1/100 of chlorothiazide (often 8 mg. a day initially, 4 mg. or less in maintenance)... maximum sodium diuresis, dependable B.P. response.

2. Naqua has a favorable potassium excretion pattern, minimizing need for supplements... closely balances sodium and chloride excretion...* most economically priced for benefit of long-term patients.

3. Naqua potentiates these adjunctive agents and markedly decreases dosage needs, helping to reduce side effects of these agents.

**Packaging:** Naqua **Tablets, 2 and 4 mg., scored, bottles of 100 and 1000.**

*Fuchs, M.: A review of the thiazide pharmacology. Paper presented at Puerto Rican M. Soc., San Juan, Puerto Rico, Jan., 1960.

5-480

XUM

THE FACTS ABOUT MER/29

# MER/29 *reduces total body cholesterol in 8 out of 10 —and these are the patients most likely to benefit*

## your patient with high cholesterol levels...

MER/29 reduces both serum and tissue cholesterol, irrespective of diet.[1] In 463 patients, the mean cholesterol was reduced from 324 mg.% to 253 mg.% — an average decrease of 71 mg.%.[1-6]

## your patient with angina pectoris...

concurrent benefits have been reported in some patients receiving MER/29. These include decreased incidence and severity of attacks, improved ECG patterns, diminished nitroglycerin requirements, and an increased sense of well-being.[1,4,6-8]

## your patient with postmyocardial infarction...

while more time is needed to determine the over-all prognostic significance, it has been observed that MER/29 "...reduced morbidity and mortality rates below those of control series during the first year following coronary thrombosis."[4]

## your patient with generalized atherosclerosis...

atherosclerosis "...has been shown to afflict about 77% of American males as early as in the 20-to-30 age range."[9] With MER/29 you have a new, well-tolerated means of lowering cholesterol—considered "...the *sine qua non* of the atheromatous lesion."[9]

**compatible with other cardiovascular therapies:** MER/29 can be used along with other measures to control anxiety, hypertension, obesity, and other conditions associated with cardiovascular disorders. These include anticoagulants, nitroglycerin, and PETN.

**safety data:** Patients have now been treated with MER/29 for relatively long and continuous periods. In no case has there been evidence of serious toxic effects on the function of any vital organ or system. However, since long-term MER/29 therapy may be necessary, periodic examinations, including liver function tests, are desirable. Side effects (nausea, headache, dermatitis) are rare and have usually been associated with dosages greater than those recommended for effective therapy.

**contraindication:** Pregnancy. Since MER/29 inhibits cholesterol biosynthesis, and cholesterol plays an important role in the development of the fetus, the drug should not be administered during pregnancy.

**supplied:** Bottles of 30 pearl gray capsules.

---

. . . the first cholesterol-lowering agent to inhibit the formation of excess cholesterol within the body, reducing both tissue and serum cholesterol

. . . no demonstrable interference with other vital biochemical processes reported to date

. . . convenient dosage: one 250 mg. capsule daily before breakfast

. . . toleration and absence of toxicity established by 2 years of clinical investigation

# MER/29

(triparanol)

---

*References:* 1. Hollander, W., and Chobanian, A. V.: Boston M. Quart. *10*:37 (June) 1959. 2. Oaks, W., and Lisan, P.: Fed. Proc. *18*:428 (Mar.) 1959. 3. Oaks, W. W., *et al.*: A. M. A. Arch. Int. Med. *104*:527 (Oct.) 1959. 4. Lisan, P.: Proceedings, Conference on MER/29, Progr. Cardiovasc. Dis. *2*:(Suppl.)618 (May) 1960. 5. Oaks, W. W.: *Ibid.*, p. 612. 6. Hollander, W., *et al.*: *Ibid.*, p. 637. 7. Halperin, M. H.: *Ibid.*, p. 631. 8. Toro, J.: *Ibid.*, p. 544. 9. Morrison, L. M.: J.A.M.A. *173*:884 (June 25) 1960.

Merrell THE WM. S. MERRELL COMPANY
Cincinnati 15, Ohio • St. Thomas, Ontario

0-3619

TRADEMARK: "MER/29"

XUM

in long-term gains. All you save in taxes (assuming you're in the 50 per cent tax bracket) is the $250 you would have paid on the capital gain. If, on the other hand, you use the same loss to cancel out $1,000 of ordinary income or a $1,000 short-term gain, you save $500.

How can you make sure your capital losses go to cancel out ordinary income rather than long-term gains? That's a hard question, since the law provides that capital losses can be used to offset gains only in certain specific ways. The rules are too complex to discuss here. But



**CHELATED**—like the iron of hemoglobin ...clinically confirmed as an effective hematinic[1] ...with a **built-in molecular barrier** against g.i. intolerance and systemic toxicity.[1-3] Permits administration on empty stomach for greater iron uptake... safeguards children against the growing problem of accidental iron poisoning.[1-3]

*oral iron of the future... prescribable today*



# CHĒL-IRON

TRADEMARK BRAND OF FERROCHOLINATE®

GOOD TASTING DOSAGE FORMS FOR EVERY AGE GROUP
ALL SAFE TO HAVE AROUND THE HOME

**CHĒL-IRON Tablets:** each tablet provides equiv. 40 mg. elemental iron.

**CHĒL-IRON Pediatric Drops:** equiv. 25 mg. elemental iron per cc. as delivered by accompanying calibrated dropper.

**CHĒL-IRON Liquid:** for children past the "drop-dose" stage. equiv. 50 mg. elemental iron per teaspoonful (5 cc.).

Also available: **CHĒL-IRON PLUS Tablets**—chelated iron plus $B_{12}$, folic acid, other B vitamins, and C.


1. Franklin, M., et al.: Chelate Iron Therapy, J.A.M.A. 166:1685, 1958.
2. A.M.A. Council on Drugs: New and Nonofficial Drugs, J.A.M.A. 171:891, 1959.
3. A.M.A. Committee on Toxicology: Accidental Iron Poisoning in Children, J.A.M.A. 170:676, 1959.


KINNEY & COMPANY, INC. Columbus, Indiana

# ELIMINATES PSYCHOLOGICAL BARRIER TO PREPARED FORMULAS



## NEW MODILAC

**Looks like milk . . . tastes like milk.** Mothers will immediately recognize Modilac's close approximation to fresh, fluid milk because of its unusual true milk flavor and color. The carbohydrate mixture is less sweet than traditional modifiers—one factor which accounts for that true milk flavor.

**Modilac does not** simulate breast milk but it does provide nourishment comparable to that received by the infant who is successfully breast fed.

**Modilac is modified** to meet infant needs. The combined carbohydrates are absorbed throughout the digestive process, maintaining uniform blood sugar levels. Corn oil (which provides ample linoleic acid) replaces butterfat so intake of saturated fatty acids is reduced. Supplemented with vitamin C and other needed vitamins.*

In normal (1:1) feeding dilution, Modilac provides 2.03% milk protein, constituting 13% of the caloric value. Nutritionally, this coincides with authoritative recommendations for infants on "artificial" formulas.




BABIES ARE OUR BUSINESS . . . OUR ONLY BUSINESS!*

**GERBER® BABY FOODS** FREMONT MICHIGAN

**VITAMIN ANALYSIS**
per quart of normal dilution (1:1) for infants

| | | | |
|---|---|---|---|
| Vitamin A | 3000 U.S.P. Units | Thiamine | 0.55 mg. |
| Vitamin D | 600 U.S.P. Units | Riboflavin | 1.00 mg. |
| Vitamin C | 45.00 mg. | Vitamin $B_6$ | 0.70 mg. |

*For detailed nutritional analysis of Modilac, write Professional Services Department, Gerber Products Co., Fremont, Michigan.

# GERBER BABY CEREALS

## SPECIALLY PREPARED FOR NEEDED IRON AND THIAMINE




**When you recommend** cereal for your baby patients, you'll find Gerber Cereals provide several nutritional benefits.

**First, iron assimilation** is assured. Gerber's exclusive cereal formulation contains a selected form of iron (sodium iron pyrophosphate) which is as easily absorbed, and to the same degree, as the iron found in natural sources.* One-half ounce (6 tablespoons) provides 7 mg. or 100% of the Recommended Daily Dietary Allowance for infants and young children.

**Second, all Gerber Cereals** are enriched with the B-vitamins, thiamine, riboflavin and niacin.

**Third, they supply appetite satisfaction** and extra calories.

**Last, digestibility** is assured. Gerber Cereals are thoroughly pre-cooked for ready digestibility. Because of this easy digestibility, they can be offered to the infant as soon as solid food is indicated. 5 varieties—with Rice Cereal and Barley Cereal, recommended as starters because they're one-grain and hypo-allergenic.

BABIES ARE OUR BUSINESS...OUR ONLY BUSINESS!®

*A.M.A. Journal of Diseases of Children 95: 109-119, 1958

GERBER BABY FOODS FREMONT MICHIGAN

there are a few simple guides to using them wisely. Everything, you see, depends on the profits and losses you've *already realized* this year.

So your first step is to figure out where you stand so far on your 1960 transactions. An easy way to do this is to draw up a chart like the one on pages 104-105. Once you have the picture down in easy form, you can visualize the possibilities.

Here are the likeliest situations that may confront you, along with the course of action you should consider in each case:

▶ Suppose you haven't yet realized any capital gains or losses in 1960.

In this case, consider selling enough of a stock that shows a loss to establish a tax loss of $1,000. That much—and no more—is deductible from ordinary income in any one year. (Any loss over $1,000 has to be carried over to future years, if you want it to be deductible from ordinary income.)

Even if one of your stocks

---

## *Whose hand on the scalpel?*

A surgeon operated on a man for appendicitis one morning; that same evening, the surgeon himself had an identical operation at the same hospital. Next day, the surgeon hobbled around to his patient's room and found the man in bed moaning and groaning. "Why aren't you up and about?" the surgeon demanded. "But, Doc!" the patient protested, "I just had my appendix out yesterday morning!" "I had *my* appendix out last *night*—and I'm walking around," replied the doctor. The patient pulled the covers more tightly around his shoulders and said: "Yeah, Doc, but you had a different surgeon." —CARL JELENKO, M.D.

*For each previously unpublished anecdote accepted,* MEDICAL ECONOMICS *pays $25 to $40. Address: Anecdotes, Medical Economics, Inc., Oradell, N.J.*



XUM

In active people who won't take time to eat properly, MYADEC can help prevent deficiencies by providing comprehensive vitamin-mineral support. Just one capsule a day supplies therapeutic doses of 9 important vitamins plus significant quantities of 11 essential minerals and trace elements. MYADEC is also valuable in vitamin depletion and stress states, in convalescence, in chronic disorders, in patients on salt-restricted diets, or wherever therapeutic vitamin-mineral supplementation is indicated.

Each MYADEC Capsule contains: VITAMINS: Vitamin $B_{12}$ crystalline—5 mcg.; Vitamin $B_2$ (riboflavin)—10 mg.; Vitamin $B_6$ (pyridoxine hydrochloride)—2 mg.; Vitamin $B_1$ mononitrate—10 mg.; Nicotinamide (niacinamide)—100 mg.; Vitamin C (ascorbic acid)—150 mg.; Vitamin A—(7.5 mg.) 25,000 units; Vitamin D—(25 mcg.) 1,000 units; Vitamin E (d-alpha tocopheryl acetate concentrate)—5 I.U. MINERALS: (as inorganic salts) Iodine—0.15 mg.; Manganese—1 mg.; Cobalt—0.1 mg.; Potassium—5 mg.; Molybdenum—0.2 mg.; Iron—15 mg.; Copper—1 mg.; Zinc—1.5 mg.; Magnesium—6 mg.; Calcium—105 mg.; Phosphorus—80 mg. Bottles of 30, 100 and 250.

a quick "bite"... then back to the grind? nutritional deficiency's not far behind. prescribe...

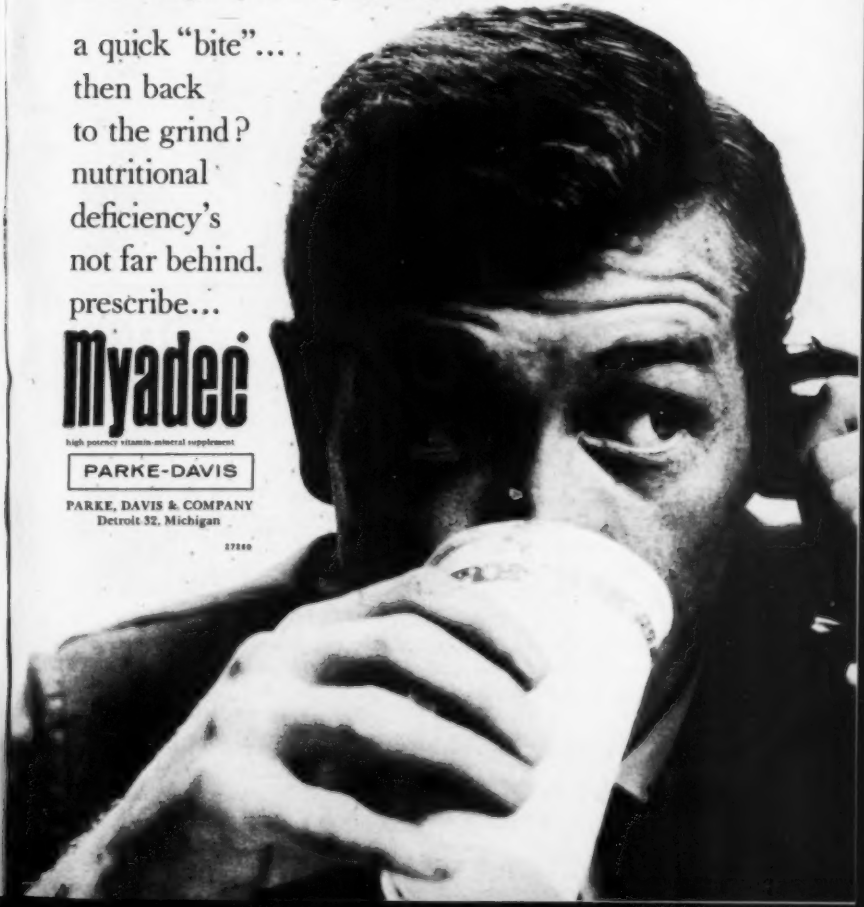
**Myadec**

high potency vitamin-mineral supplement

PARKE-DAVIS

PARKE, DAVIS & COMPANY
Detroit 32, Michigan

27240



XUM

*this time...*
*relieve both*
*the anxiety and*
*the affliction*



**Ataraxoid®**
prednisolone-hydroxyzine HCl
*corticosteroid-ataractic*
*combination for superior*
*control in*
*rheumatoid*
*arthritis*

*Science*
*for the world's*
*well-being™*

Pfizer

PFIZER LABORATORIES
*Division, Chas. Pfizer & Co., Inc.*
*Brooklyn 6, New York*

# Ataraxoid®

*IN BRIEF*

ATARAXOID combines the tension-relieving effects of hydroxyzine with the anti-inflammatory action of prednisolone, a well-established corticosteroid, for superior control without *unexpected* side effects.

*INDICATIONS:* Rheumatoid arthritis; collagen diseases and related conditions; other musculoskeletal disorders (myositis, fibrositis, bursitis, etc.); allergic states, including chronic bronchial asthma and severe hay fever; and allergic/inflammatory diseases of the skin and eyes.

*ADMINISTRATION AND DOSAGE:* ATARAXOID dosage varies with individual response. Clinical experience suggests the following daily dosage: *Initial therapy*—4-6 ATARAXOID *5.0* Tablets. *Maintenance*—1-4 ATARAXOID *5.0* Tablets or 2-8 ATARAXOID *2.5* Tablets. After initial suppressive therapy, gradual reduction of prednisolone dosage should begin and continue until the smallest effective dose is reached. Prescribe in divided doses, after meals and at bedtime.

*SIDE EFFECTS:* Prednisolone may produce all of the side effects common to other corticosteroids. As with other corticosteroids, insomnia, mild hirsutism, moonface and sodium retention have occurred. Osteoporosis may develop after long-term corticosteroid therapy.

*PRECAUTIONS AND CONTRAINDICATIONS:* Usual corticosteroid precautions should be observed. Incidence of peptic ulcer may increase on long-term prednisolone therapy. However, therapy has often been maintained for long periods without adverse effects. Contraindicated in infectious disease including active tuberculosis (except under close supervision), peptic ulcer, certain infections of the cornea, such as dendritic keratitis, superficial punctate keratitis, epidemic keratoconjunctivitis, and in patients with emotional instability. Caution is indicated in the treatment of patients with severe cardiovascular disease, and in some cases sodium restriction and potassium supplementation must be considered.

*SUPPLIED:* As green, scored ATARAXOID *5.0* Tablets, containing 5 mg. prednisolone and 10 mg. hydroxyzine hydrochloride and blue, scored ATARAXOID *2.5* Tablets, containing 2.5 mg. prednisolone and 10 mg. hydroxyzine hydrochloride.

*More detailed professional information available on request.*

that's down looks like a good long-term investment, it might still pay you to sell. The tax laws provide that you can buy it back after thirty-one days if you've sold it in order to establish a tax loss.

▶ Suppose you've realized only short-term gains this year.

Here again, it might pay to sell some of your stocks that have sustained paper losses. Your capital losses would offset your short-term gains, which are taxed as ordinary income. Even after you've canceled out all your short-term gains, you're still permitted to sell for another $1,000 loss and have it deducted from your ordinary income.

▶ Suppose you've realized only long-term gains.

In this event, you'd better think twice before selling to establish a tax loss. The major portion of any loss you took might merely offset your lightly




VI-TYKE®
LIQUID MULTIVITAMINS

SYRUP—12 fl. oz. push-button can. Each 5 cc. teaspoonful contains: Vitamin A (Palmitate) 3,000 U.S.P. Units • Vitamin D 800 U.S.P. Units • Thiamine HCl ($B_1$) 1.5 mg. • Riboflavin ($B_2$) 1.5 mg. • Pyridoxine HCl ($B_6$) 1 mg. • Ascorbic Acid (C) 40 mg. • Vitamin $B_{12}$ 3 mcgm. • Niacinamide 10 mg. • Pantothenic Acid (as Panthenol) 1 mg. • Methylparaben 0.08% • Propylparaben 0.02%. Also available in concentrated form: PEDIATRIC DROPS—50 cc. bottle

LEDERLE LABORATORIES, a Division of AMERICAN CYANAMID COMPANY, Pearl River, New York

Lederle



High-concentration topical salicylate-menthol therapy (BEN-GAY) offers safe, penetrating relief of painful joints and muscles resulting from overexertion.

**New, objective evidence:**

*A double-blind study*[1] has reaffirmed the exceptional efficacy and safety of conservative, local treatment of chronic rheumatic disorders with BEN-GAY® (BAUME BENGUÉ), a high-concentration salicylate-menthol compound.

*The local and systemic effects* of BEN-GAY were evaluated by entirely objective methods in 211 subjects of both sexes suffering from various types of chronic arthritis, bursitis, neuralgia, myalgia and lumbago. Changes in range of joint motion were determined by goniometer and by flexion. Topical application of BEN-GAY measurably improved articular function in 94% when physical therapy was also used, and in 61% without adjunctive treatment. Efficient absorption of salicylate through the skin was indicated by an average urinary excretion of 15 mg. in 24 hours. No ill effects were reported or observed.

# Benefits of Topical Salicylate

## in chronic rheumatic disease

Menthol-induced hyperemia plus high local concentration of salicylate has been recently rediscovered as one of the safest and most promptly effective remedies for rheumatoid discomfort due to exposure.



*This controlled study* offers new evidence of the efficacy and safety of local treatment of chronic rheumatic disease with BEN-GAY, one of the safest and most reliable formulae at the physician's disposal. BEN-GAY is available in two strengths, *Regular and Children's*. THOS. LEEMING & CO., INC., 155 East 44th St., New York 17, N.Y.

[1]Brusch, C.A., et al.: Md. State Med. J.; 5:36, 1956.

***More efficient salicylate penetration* of treated area and quicker relief of pain is now made possible by the water-washable GREASELESS-STAINLESS BEN-GAY.**

**for predictable elimination... whatever the schedule**

# PHOSPHO®-SODA

**works within one hour or overnight as a gentle laxative or purgative**

PHOSPHO-SODA conveniently fits any schedule because its effect can be controlled by dosage and time of administration. It produces normal, soft bowel movements without g.i. discomfort or irritation. Pleasant to take in cold water, carbonated beverages, or fruit juices. Recognized as a superior eliminant for over 60 years.

*100 cc. contains:* 48 Gm. sodium biphosphate and 18 Gm. sodium phosphate in bottles containing 2½, 6, and 16 fl.oz.



*Available at all pharmacies.*



C. B. FLEET CO., INC.
Lynchburg Virginia





taxed long-term gain. You'd probably do better to defer taking the loss until next year, when you might be able to charge a full $1,000 off against ordinary income or a short-term gain.

▶ Suppose you've already realized both long-term and short-term gains.

Now you'll do well to cash in your *short-term* losses to the extent of your short-term gains;

***Amusing . . .***
***Amazing . . .***
***Embarrassing . . .***

**No doubt one of these adjectives describes some incident that has occurred in the course of your practice.**

**Why not share the story with your colleagues?**

**If it's accepted for publication, you'll receive $25-$40 for it.**

**Contributions must be unpublished. They cannot be acknowledged or returned. Those not accepted within ninety days may be considered rejected.**

**Address: Anecdote Editor, MEDICAL ECONOMICS, Oradell, N.J.**



## Children are happier when doctors choose Fleet® Enema

They are more willing to accept this ready-to-use pediatric enema because they are spared the ordeal of complicated old-style procedures. The compact Fleet Enema takes less than a minute to give and avoids the discomfort of large volumes of liquid. Insertion is made easy and safe because of the *pre-lubricated, anatomically correct* 2-inch rectal tube.[1] Fleet Enema can be prescribed with confidence as "a safe and effective enema preparation for even small children."[2]



Widely useful for a variety of diagnostic and therapeutic purposes—even for your patients on sodium-restricted regimens.[3] Systemic absorption is negligible.[2,3]

*Pediatric size, 2¼ fl.oz. Regular size, 4½ fl.oz. 100 cc. contains:* 16 Gm. sodium biphosphate and 6 Gm. sodium phosphate. *Also available:* Fleet Oil Retention Enema, 4¼-fl.oz. ready-to-use unit containing Mineral Oil U.S.P.

READY-TO-USE SQUEEZE BOTTLE

Fleet® FLEET® ENEMA PEDIATRIC

1. Frech, H. C., and Lanier, L. R., Jr.: Am. J. Obst. & Gynec. 74:1146, 1957. 2. Way, W. G., et al.: Virginia M. Month. 85:291, 1958. 3. Hellman, L. D.: To be published.

C. B. FLEET CO., INC., LYNCHBURG, VIRGINIA

# ABOUT THE PARADOX OF THE COUGH...

**IN THEORY:**
**PHARMACOLOGIC ANTAGONISM**
a central depressant and a stimulant expectorant

**IN PRACTICE:**
**THERAPEUTIC REINFORCEMENT**
central depressant-expectorant combination results in fewer but more productive coughs

**IN THEORY:**
**PHARMACOLOGIC ANTAGONISM**
an expectorant and a decongestant

**IN PRACTICE:**
**THERAPEUTIC REINFORCEMENT**
bronchial expectorant and nasal decongestant act at different levels of the respiratory tree to relieve cough-provoking irritation

**INTRODUCING**
**A NEW AND BETTER RESOLUTION OF THE COUGH PARADOX**

# TUSSAMINIC®
# EXPECTORANT

XUM



A NEW AND BETTER RESOLUTION OF THE COUGH PARADOX

# TUSSAMINIC EXPECTORANT

What is the best way to treat a stubborn cough?

Many physicians prescribe a central cough suppressant, an expectorant and a nasal decongestant.

Prescribe pharmacologic antagonists? It may seem absurd to increase respiratory fluid and stimulate productive coughing, and simultaneously dry up secretions and depress the cough reflex. A paradox?

*NEW* TUSSAMINIC EXPECTORANT combines three such agents, working together at different levels of the respiratory tree.

COUGH SUPPRESSANT dihydrocodeinone—more active than codeine, but less likely to cause constipation, nausea, and drowsiness. The dosage employed does not abolish cough reflexes, but raises the threshold of the medullary cough center. Result: a minor irritative stimulus is unlikely to trigger a chain of coughs.

EXPECTORANT glyceryl guaiacolate – capable of increasing respiratory tract fluid 200%, and free from iodide side effects. It loosens and liquefies thick, irritating mucus, making the cough more productive.

DECONGESTANT TRIAMINIC – provides complementary action. Postnasal drip often precipitates the cough. TRIAMINIC stops postnasal drip irritating to the sensitive pharyngeal and laryngeal membranes. *Paradox of the pharmacologic antagonists resolved.*

Only *NEW* TUSSAMINIC EXPECTORANT provides this complementary and effective combination.

(It's colorful; it's mint-flavored; your patients will like it.)

*Each tsp. (5 ml.) of Tussaminic Expectorant provides:*

| | |
|---|---|
| DIHYDROCODEINONE BITARTRATE (Warning: May be habit forming) | 1.67 mg. |
| TRIAMINIC® | 25 mg. |
| (phenylpropanolamine HCl | 12.5 mg. |
| pheniramine maleate | 6.25 mg. |
| pyrilamine maleate | 6.25 mg.) |
| GLYCERYL GUAIACOLATE | 100 mg. |
| CHLOROFORM | approx. 13.5 mg. |
| Alcohol | 5% |

*Dosage:* (to be administered every 4 hours) *Adults* — 2 tsp.; *Children* 6 to 12 — 1 tsp. *Supplied:* Bottles of 1 pint.

SMITH-DORSEY • Lincoln, Nebraska
a division of The Wander Company

they'll offset each other. But be careful about selling for a *long-term* loss. Such a loss must first be used to offset your long-term gain—which will save you only half as much in taxes. It might be better to hold off on long-term losses till a year when they can cancel out heavily taxed income.

▶ Suppose you've had a variety of gains and losses up to this point.

This is the situation illustrated on the accompanying chart. It shows that you've had short-term losses and long-term gains—which isn't too good, since the losses can only be used to offset your lightly taxed long-term gains. Thus, the next few weeks offer you a golden opportunity to realize *short-term* gains and—in effect—have them taxed at the long-term rate. Reason: If you take such highly taxed gains now, your short-term *losses* will offset them instead of the long-term gains. And you'll still be taxed at the low rates for your long-term gains.

If your current situation paralleled the one set forth in the chart, what should you do (from a tax standpoint only, of course)? Here's the answer:

Hold onto "Kingston Laboratories" for a while. The $1,012 loss you'd take if you sold the stock now would merely offset part of your $7,105 long-term gain, for a tax saving of only $253—assuming you're in the 50 per cent tax bracket. (Next year, you might be able to use such a loss to offset ordinary income, for a saving of $506.) But sell "National Cobalt," and realize a gain of $612. Though the profit is short-term, you'll pay only an extra $153 in taxes on it—rather than the $306 you'd normally pay—since it will be more than offset by your short-term loss of $621.

* * *

Those, then, are specific ways to cut your tax bill, based on the capital gains and losses you've already realized this year. Remember that all they tell you is the *tax consequence* of any move you make. You'll probably want to check with your tax and investment advisers before you take final steps.

Time is running out, though. Better act fast!

*More*▶



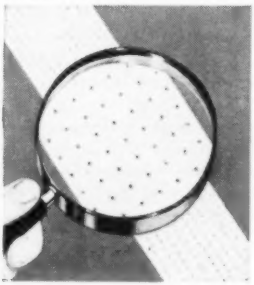
XUM

# Double Seal® POROUS ADHESIVE TAPE

**A revolutionary new process that actually renders it**

## FULLY POROUS!

The minute openings of Double Seal POROUS Adhesive Tape are so perfectly formed as to permit unobstructed passage of air through BOTH the *adhesive mass surface* and the *cloth backing*. Full standard spread of the adhesive mass insures perfect adhesion; strength of backing cloth is maintained.



Double Seal POROUS Adhesive Tape is naturally better, of course—YET COSTS NO MORE! Order it from your supplier.




PATS. PEND. AND MADE UNDER PAT. NO. 2,647,068

The porosity of Double Seal POROUS Adhesive Tape can readily be seen with the naked eye. Under the magnifying glass the holes show how *clear* the porosities are for better aeration.

Available in Natural Flesh and White. 12″ x 10 yard rolls in the following widths: ½″, 1″, 1½″, 2″, 3″, 4″ and assorted sizes.

**COMPLIMENTARY SAMPLE**

Surgical Supply Division
THE SCHOLL MFG. CO., INC.
213 W. Schiller St., Chicago, Ill.
62 W. 14th St., New York, N. Y.
3223 E. 46th St., Los Angeles, Calif.

Please send me a 2″ x 3 yds. roll of Double Seal POROUS Adhesive Tape.

*Name*.....M.D.
*Address*.....
*City*.....*State*.....

## A tax-saving investment chart

You'll find a form such as this helpful in figuring out your investment strategy for the rest of 1960. To decide what you should sell in order to turn gains and losses into tax savings, add up your

### Stocks you've sold in 1960

| Security | Bought | Sold | Cost |
|---|---|---|---|
| Condor Engineering | 4/15/57 | 2/23/60 | $4,327 |
| Consolidated Dynamics | 12/7/50 | 3/3/60 | 2,321 |
| American Linen | 2/11/60 | 3/18/60 | 5,429 |
| Mosholu Copper | 8/13/53 | 6/14/60 | 4,487 |
| Williston Products | 5/19/60 | 9/6/60 | 2,314 |

Net short-term gain or loss

Net long-term gain or loss

### Stocks you'd consider selling

| Security | Bought | | Cost |
|---|---|---|---|
| National Cobalt | 9/23/60 | —— | $3,814 |
| Kingston Laboratories | 4/4/52 | —— | 2,212 |

Net short-term gain or loss

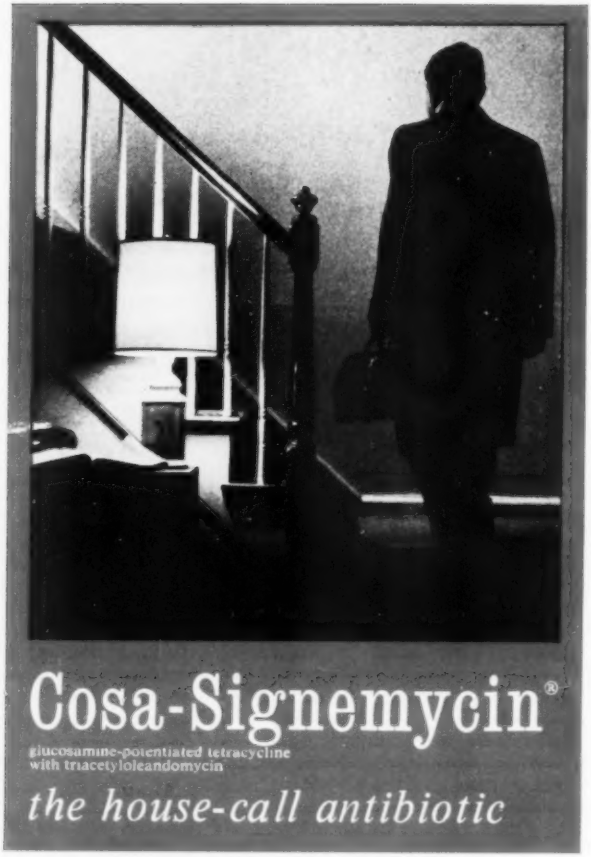
Net long-term gain or loss

long- and short-term gains and losses separately, and determine your net gain or loss for each category. Then estimate potential gains and losses on the stocks you still own but are willing to sell. The article starting on page 82 explains how you can use the resultant information. (All data on the chart are imaginary.)

| Proceeds | Short-term | | Long-term | |
|---|---|---|---|---|
| | Gain | Loss | Gain | Loss |
| $6,817 | — | — | $2,490 | — |
| 8,435 | — | — | 6,114 | — |
| 4,116 | — | $1,313 | — | — |
| 2,988 | — | — | — | $1,499 |
| 3,006 | $692 | — | — | — |
| | — | $621 | — | — |
| | — | — | $7,105 | — |

| Potential proceeds | Potential short-term | | Potential long-term | |
|---|---|---|---|---|
| | Gain | Loss | Gain | Loss |
| $4,426 | $612 | — | — | — |
| 1,200 | — | — | — | $1,012 |
| | $612 | — | — | — |
| | — | — | — | $1,012 |

END



Cosa-Signemycin®

glucosamine-potentiated tetracycline
with triacetyloleandomycin

*the house-call antibiotic*

*Science*
*for the world's*
*well-being™*

Pfizer

PFIZER LABORATORIES
Division, Chas. Pfizer & Co., Inc.
Brooklyn 6, New York

# IN BRIEF

Cosa-Signemycin is an effective, wide-range antimicrobial combination of glucosamine-potentiated tetracycline and oleandomycin as triacetyloleandomycin in a two-to-one ratio. Cosa-Signemycin is useful in infections where susceptibility testing is impractical and delay in therapy is undesirable.

**INDICATIONS:** Cosa-Signemycin is indicated in a wide array of infections which have responded to Signemycin (a two-to-one combination of tetracycline and oleandomycin). Clinical success with Signemycin has been reported in respiratory, genitourinary and surgical infections, amebiasis and lymphogranuloma venereum, and dental infections caused by susceptible organisms.

**ADMINISTRATION AND DOSAGE:** In adults, a dosage of 1 to 2 Gm. daily is usually effective. In severe infections, higher dosages (up to 3 Gm. daily) may be used. For infants and children, a dosage providing 10 to 20 mg./lb. of body weight daily should be adequate. Children and adults should receive Cosa-Signemycin in four equal portions at intervals of 6 hours. Therapy should be continued for at least 24 to 48 hours after symptoms and fever have subsided. In streptococcal infections, therapy should be continued for 10 days to help prevent development of rheumatic fever.

**SIDE EFFECTS:** Glossitis, dermatitis and other allergic reactions may occur but are rare. Discontinue medication if an adverse reaction, individual idiosyncrasy, or allergy occurs. If encountered, gastrointestinal disturbances may be minimized by reducing the individual dosage and administering it at more frequent intervals.

**PRECAUTIONS:** The use of antibiotics may occasionally allow overgrowth of nonsusceptible organisms, particularly monilia and resistant staphylococci. Patients should therefore be carefully observed for possible superinfection. Should such an infection appear, Cosa-Signemycin should be discontinued and a therapeutic trial of another antibiotic should be instituted on the basis of susceptibility tests.

**SUPPLY:** 250 MG. CAPSULES, each containing 167 mg. of glucosamine-potentiated tetracycline hydrochloride and 83 mg. of oleandomycin as triacetyloleandomycin; 125 MG. CAPSULES each containing 83 mg. of glucosamine-potentiated tetracycline hydrochloride and 42 mg. of oleandomycin as triacetyloleandomycin; COSA-SIGNEMYCIN ORAL SUSPENSION containing 125 mg. of Cosa-Signemycin per teaspoonful (5 cc.) of reconstituted suspension (glucosamine-potentiated tetracycline equivalent to 83 mg. of tetracycline hydrochloride and 42 mg. of oleandomycin as triacetyloleandomycin) in a 2 oz. (60 cc.) bottle; COSA-SIGNEMYCIN PEDIATRIC DROPS containing 100 mg. of Cosa-Signemycin per cc. (5 mg. per drop) of reconstituted suspension (glucosamine-potentiated tetracycline equivalent to 67 mg. of tetracycline hydrochloride and 33 mg. of oleandomycin as triacetyloleandomycin) in a 10 cc. bottle with a calibrated plastic dropper.

*More detailed professional information available on request.*

*widely used...*
*widely useful...*

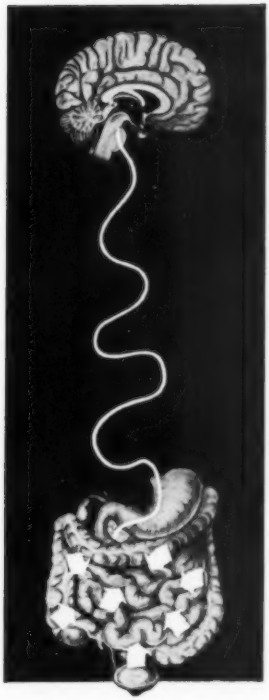
# PRO-BANTHĪNE®

## In Emotionally Based Smooth-Muscle Spasm

The wide variation in severity of emotionally based gastrointestinal dysfunctions requires a wide range of therapeutic control. Pro-Banthīne with Dartal combines, in a single tablet, both therapeutic activity and flexibility to relieve the psychic stress and the enteric distress of such dysfunctions.

Clinical trails[1,2] demonstrate that Dartal may be used to treat successfully a wide range of emotional disturbances through simple adjustment of dosage. Similarly, the usual daily dosage of Pro-Banthīne may be doubled or tripled without appreciably increasing the incidence or severity of secondary effects[3] and tablets of plain Pro-Banthīne may be added to the antispasmodic-tranquilizing regimen of Pro-Banthīne with Dartal when profound suppression of gastrointestinal hyperactivity is indicated.

Combination of the outstanding anticholinergic, Pro-Banthīne, with the well-tolerated tranquilizer, Dartal, provides the therapeutic reliability needed in the management of emotionally influenced smooth-muscle spasm.



*with* DARTAL®

*specific clinical applications:* Functional gastrointestinal disturbances, gastritis, pylorospasm, peptic ulcer, spastic colon (irritable bowel), biliary dyskinesia.

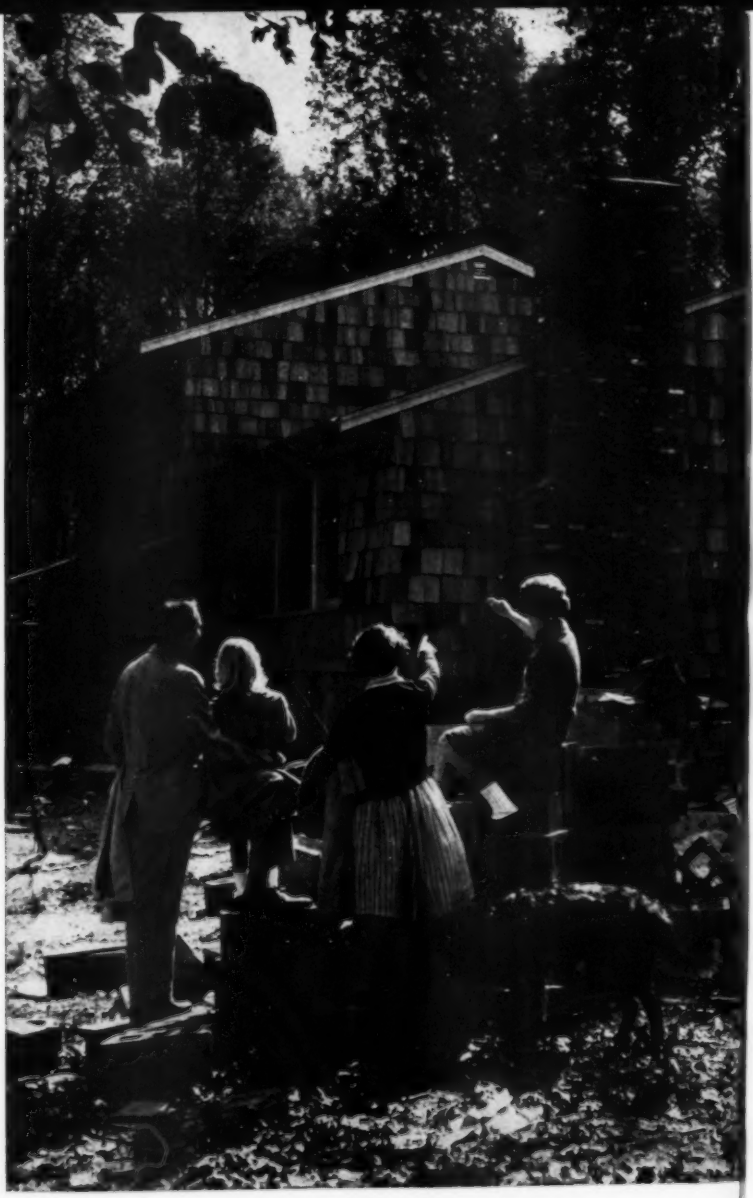
*dosage:* One tablet three times daily.

*supply:* Aqua-colored, compression-coated tablets containing 15 mg. of Pro-Banthine (brand of propantheline bromide) and 5 mg. of Dartal (brand of thiopropazate dihydrochloride).

1. Hock, C. W.: Treatment of Gastrointestinal Disorders with an Anticholinergic Tranquilizer Combination, J.M.A. Georgia 48:218 (May) 1959. 2. Investigators' Clinical Reports: Analysis of reports by 117 physicians in 500 patients. 3. Barowsky, H.; Schwartz, S. A., and Lister, J.: Experience with Short-Term Intensive Anticholinergic Therapy of Peptic Ulcer, Am. J. Gastroenterol. 27:156 (Feb.) 1957.

G. D. SEARLE & CO.

*Research in the Service of Medicine*



# How a $16,000-a-year medical family lives

*This middle-bracket physician—whose income is on the way up—has one key target: home ownership. Here's how he and his family spend and save to hit the bullseye*

*By Morris C. Flanders*

Suppose you're a 38-year-old physician who has been in private practice only two and a half years. Your last year's pre-tax income was $16,096. What feat of family money management would give you the most satisfaction: Feeding four people on $25 a week? Sending your two daughters to private school? Scrimping enough to save $500 for a nine-day vacation?

Mason White, a Michigan ophthalmologist, has managed to do all these things. But what pleases him equally is that he has somehow socked away $6,000 in a local building and loan association.

"I don't qualify as a Wall Street wizard," says Dr. White. "But I don't intend to be left out in the cold financially, either. My wife and I long to own a home. We've never owned *anything*. That's why we plunk down our $200 at the savings counter the first day of every month. We're shooting for the down payment on our very first piece of property."

Dr. and Mrs. White rent a furnished three-bedroom house in a suburb of a Michigan town. With them live their daughters, Ellen, 13, and Eileen, 6.

Ask Dr. White which monthly check he most hates writing,



XUM



*Her flair for sewing helps Dr. White's wife cut clothing bills. She often remakes 13-year-old Ellen's things to fit Eileen, 6.*

and he answers: "The rent check. I think of it as $150 dropped twelve times a year into a bottomless well." To put an end to such "waste," he and his wife have become confirmed budgeteers. They believe that planned spending is "the only kind of spending that makes sense."

Says Ann White: "We're on easy street, comparatively speaking. What Mason makes now is several times as much as we had before we came here. But if you look at what we have to do on his income, you see that slapdash spending would get us into plenty of trouble in short order."

The accompanying table shows what she means. The Whites made the tabulation themselves. And studying the figures has helped them develop a sound spending policy based on three "don'ts":

¶ Don't rate possessions higher than health. The Whites believe that good food, adequate recreation, and vacations count for more than power boats and color TV.

¶ Don't buy anything until you're *sure* you can pay for it. The Whites don't always have the full price on hand when they buy something. But they make certain they'll be able to find the balance at the right time.

¶ Don't subsidize your own in-

---

THE AUTHOR *is a partner in PM Battle Creek, a professional management firm affiliated with Black & Skaggs Associates, Inc., Battle Creek, Mich. Names, places, and other identifying details have been changed, but all figures given are actual.*

## Where the Whites' money went

| | | |
|---|---|---|
| Total allocation | | $16,096 |
| Federal and city taxes | | $2,992 |
| Life insurance premiums | | 910 |
| Charitable contributions | | 600 |
| Home upkeep | | 2,384 |
| Rent | 1,800 | |
| Heat and utilities | 420 | |
| Other expenses | 164 | |
| Home furnishings | | 800 |
| Time payments | | 493 |
| Dishwasher | 193 | |
| Freezer | 300 | |
| General household expenses | | 2,128 |
| Food | 1,320 | |
| Clothing | 400 | |
| Other expenses | 408 | |
| Dental services | | 50 |
| Vacation expenses | | 500 |
| Christmas and anniversary gifts | | 200 |
| School expenses | | 1,200 |
| Girls' music lessons | | 50 |
| "Frivolities" (see page 114) | | 521 |
| Personal allowances | | 540 |
| Savings | | 2,400 |
| Surplus in checking account | | 328 |
| Net income before income taxes | | $16,096 |



XUM

## Budget for 'frivolities'

| | |
|---|---|
| Eating out | $180 |
| Entertaining at home | 120 |
| Photography | 30 |
| Philately | 10 |
| Liquor | 60 |
| Club membership | 25 |
| Baby-sitters | 96 |
| Total | $521 |

ertia. According to the Whites, this means: "Don't pay other people to do what you can do yourself."

Note that the family's disposable income is only 80 per cent of the $16,000 the doctor earns. The other 20 per cent belongs to the tax gatherers. So the Whites actually control the spending of only some $13,000.

Not surprisingly, they agree that next to rent, taxes are the outlay that hits them most heavily. Says Ann: "That $3,000 looks like an immense amount to people who once had to live on even less than $3,000."

As you'd expect with their philosophy of thrift, the family's debts are negligible. Last year, they bought two household appliances on time: a dishwasher and a freezer. In each case, the repayment period was short (six months). They don't run a second car, simply because they can't fit it into their budget. Having borrowed to equip his office, Dr. White hopes to steer clear of any other capital indebtedness until the time comes to float the mortgage loan on his dream house.

Meanwhile, the family has no domestic help. Ann does the housework with the aid of 13-year-old Ellen. Mason personally takes care of all the yard work.

"As soon as our means permit, I'm going to have a helper one day a week," says Ann. "It won't really be a case of paying somebody to do what I can do myself. The truth is, I can't go on doing it all. The rough work gets rougher all the time."

Dr. White carries $50,000 worth of life insurance—$20,000 of it straight life, the rest term. His premiums total $910 a year, or 7 per cent of his available income. The doctor re-



XUM

allergy-free
for
months



## with a one week course of daily injections

*Anergex—1 ml. daily for 6-8 days—usually provides prompt relief that persists.*

Anergex—a specially prepared botanical extract—is nonspecific in action; it suppresses allergic manifestations *regardless* of the offending allergens. It is not a histamine antagonist, nor does it merely minimize the effects of a single allergen.

Anergex eliminates skin testing, long drawn-out desensitization procedures, and special diets. It has been effective even in patients resistant to other therapy.

Reports on over 3,000 patients have shown that over 70% derived marked benefit or complete relief following a single short course of Anergex injections. Effective in seasonal and nonseasonal rhinitis (pollens, dust, dander, molds, foods); allergic asthma; asthmatic bronchitis and eczema in children; food sensitivities.

Available: Vials containing 8 ml.—one average treatment course. **WRITE FOR REPRINTS AND LITERATURE**

# ANERGEX®

**the new concept for the treatment of allergic diseases**

**MULFORD COLLOID LABORATORIES** MULFORD **PHILADELPHIA 4, PENNSYLVANIA**

*Patent applied for*

gards his insurance coverage as a bargain.

Heat, light, power, and water cost him about $450 a year. And he lays out another $100 or so on keeping the premises shipshape.

The furniture provided by the landlord is acceptable. That hasn't stopped Mrs. White from starting to acquire her own household goods, though. Last year, she gave the landlord his living-room suite back. The three pieces she installed in its place cost $800. Explains Dr. White: "I got them for half the list price, through a patient. Paid cash, of course."

Food takes $1,320 a year. That's only $25 a week. But according to the doctor's wife, it provides a plentiful and varied diet for the four healthy people in her family.

"I'm an inveterate shopper," she remarks. "I buy only foods that are in season. I watch the




"TIME-MATCHED" COMPONENTS
for smoother management of
g.i. spasm

BUTIBEL



TIME-MATCHED ANTISPASMODIC SEDATIVE COMBINATION

BUTIBEL combines two synchronous components—belladonna and BUTISOL.®

Unlike poorly matched belladonna-phenobarbital combinations, BUTIBEL neither builds up a sedative burden nor leaves the spasm unprotected.

Rather, BUTIBEL, with its time-matched components, gives full, uninterrupted antispasmodic *and* sedative action.

**BUTIBEL:** *belladonna extract...15 mg. and* BUTISOL Sodium®...*15 mg.* (butabarbital sodium)

**BUTIBEL** *Tablets • Elixir • Prestabs® Butibel R-A (Repeat Action Tablets)*

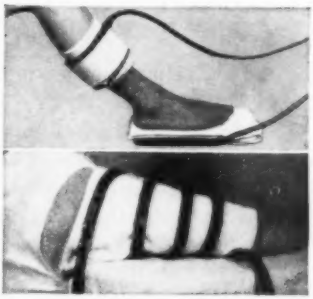
McNEIL McNEIL LABORATORIES, INC., PHILADELPHIA 32, PA.






Contour applicator provides smooth, continuous surface for treatment of curved areas. With rubber-covered electrodes or induction cable limbs may be effectively heated.

The MF-49's unique circuit design permits the use of full-power tube output for deep heating and treatment of large areas. Frequency is controlled by a separate tube circuit unaffected by the operating characteristics of the patient circuit. This results in high output relative to tube input.



Burdick

**THE BURDICK CORPORATION**
**MILTON, WISCONSIN**

Branch Offices: NEW YORK • CHICAGO • ATLANTA • LOS ANGELES • Dealers in all principal cities

Thursday food ads like a hawk, too. And I use the freezer properly. In fact, most of my shopping is *for* the freezer. If you buy in decent quantities at the right time, you can stretch the food dollar as if it were elastic."

The Whites' annual clothing bill comes to about $400. A good three-quarters of it goes on the children's backs and feet. "Mason is exceptionally light on shoes," reports Ann. "And, luckily, he's careful about his suits. As for me, I can't remember ever paying more than $29.95 for a dress, though Mason often urges me to. I'm handy with a sewing machine. And I often make over my things for Ellen, and Ellen's for Eileen."

A round $80 a month takes care not only of such household items as laundry, cleaning, and newspapers, but also allows Dr. and Mrs. White to eat out now and then and have friends to dinner occasionally. "We allot $5 a month to liquor," says the doctor. "It doesn't sound like much. But it buys a bottle of gin and some beer. We serve Martinis when friends come to visit. And I have enough beer for a few

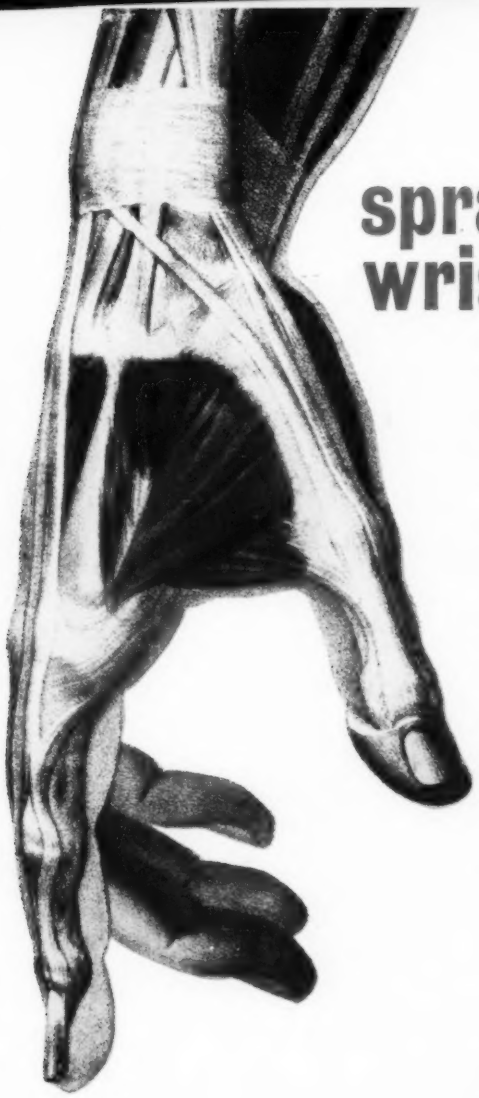
---

## *Loyal to a fault*

A physician responded to an urgent request for a house call at 2 A.M. After treating the patient, he said to the head of the house: "I'm surprised that you called *me*, when you've paid nothing on your account for so long." "Well," said the man, "I'm certainly going to take care of that right away." "Fine," said the doctor, "but I think you should know that I'll get just half my fee out of it, since I had to turn the account over to a collection agency." "Is that so!" the man exclaimed indignantly. "Doc, if they're gonna treat you *that* way, I won't pay 'em a damned cent!"

—S. DANIELS, D.O.

*For each previously unpublished anecdote accepted,* MEDICAL ECONOMICS *pays $25 to $40. Address: Anecdotes, Medical Economics, Inc., Oradell, N.J.*



# sprained wrist

Analgesics alone merely mask pain. New Medaprin adds Medrol* to suppress the inflammation that *causes* the pain and stiffness. Thus, to the direct relief of musculoskeletal pain,

# Medaprin*

**adds restoration of function.**

Medaprin is supplied in bottles of 100 and 500 tablets.

Each tablet contains:

| | |
|---|---|
| Medrol (methylprednisolone) | 1 mg. |
| Acetylsalicylic Acid | 300 mg. (5 grs.) |
| Calcium Carbonate | 200 mg. |

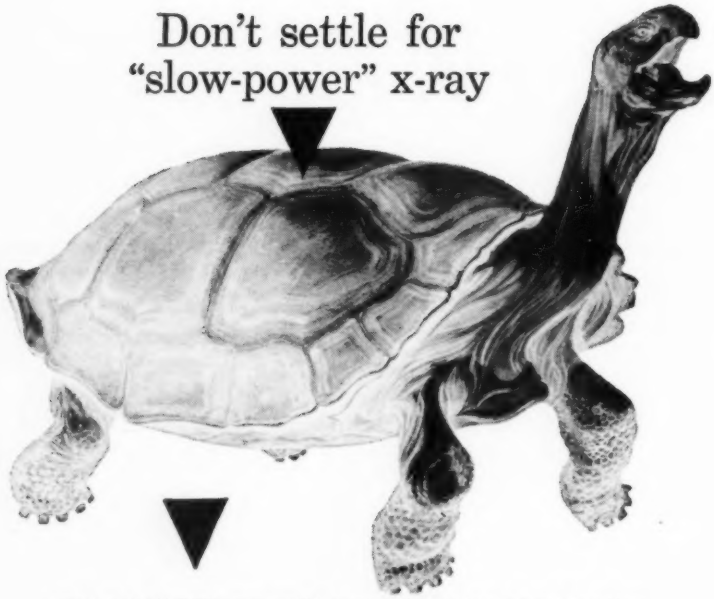
THE UPJOHN COMPANY
KALAMAZOO, MICHIGAN

**Upjohn**

*Trademark, Reg. U.S. Pat. Off.

XUM

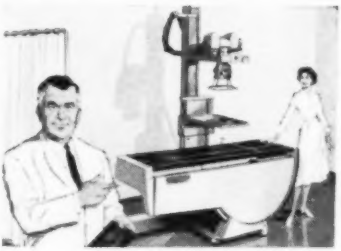
# Don't settle for "slow-power" x-ray



*get a full 200-ma with your Patrician combination*

When anatomical motion threatens to blur radiographs, the 200-ma Patrician can answer with extreme exposure speed, *twice* that of any 100-ma installation. Film images show improved diagnostic readability . . . retakes are fewer. And you'll find the G-E Patrician is like this in everything for radiography and fluoroscopy: built right, priced sensibly, *uncompromising* in assuring you all basic professional advantages. Full-size 81" table . . . independent tubestand . . . shutter limiting device . . . automatic tube protection . . . counterbalanced fluoroscope, x-ray tube and Bucky . . . full-wave x-ray output.

**You also can rent the Patrician** -- through G-E Maxiservice® x-ray rental plan. Gives you the complete x-ray unit, *plus* maintenance, parts, tubes, insurance, local taxes — *everything* — for one, uniform monthly fee. Get details from your local G-E x-ray representative, or write to X-Ray Department, General Electric Company, Milwaukee 1, Wisconsin, Room C121.



*Progress Is Our Most Important Product*

GENERAL ELECTRIC

thirst-quenchers on a hot Sunday."

Thrifty as they are, the Whites give away $600 a year. That's a shade under 5 per cent of their disposable income. The church gets $20 a month; the rest goes in small annual donations to assorted charities.

The only real extravagance in the budget is the $1,200 cost of the girls' private schooling. Dr. White concedes that this is almost 10 per cent of his disposable income. But he adds that the local public school couldn't provide what he and his wife want for their daughters.

Then, too, they do allow themselves a generous $500 for their annual vacation. They spend the money differently every year. Once, it took the family touring for four weeks. They camped out most nights, taking rooms only when it rained. "Another time, we went to New York," says Ann, reminiscently. "And

even "indians" like cherry-flavored®

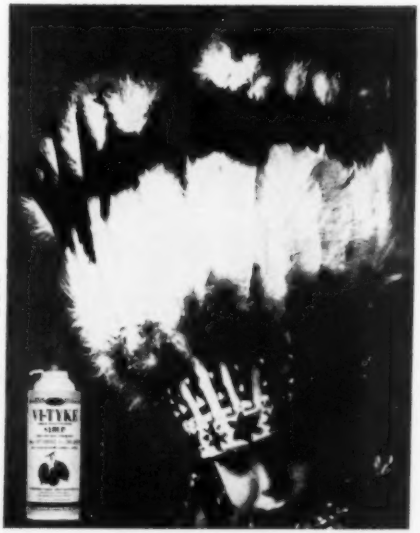
VI-TYKE

LIQUID MULTIVITAMINS

SYRUP—12 fl. oz. push-button can. Each 5 cc. teaspoonful contains: Vitamin A (Palmitate) 3,000 U.S.P. Units • Vitamin D 800 U.S.P. Units • Thiamine HCl ($B_1$) 1.5 mg. • Riboflavin ($B_2$) 1.5 mg. • Pyridoxine HCl ($B_6$) 1 mg. • Ascorbic Acid (C) 40 mg. • Vitamin $B_{12}$ 3 mcgm. • Niacinamide 10 mg. • Pantothenic Acid (as Panthenol) 1 mg. • Methylparaben 0.08% • Propylparaben 0.02%. Also available in concentrated form: PEDIATRIC DROPS—50 cc. bottle.

LEDERLE LABORATORIES, a Division of AMERICAN CYANAMID COMPANY, Pearl River, New York

Lederle






XUM

the $500 vanished in nine days." But nobody regrets the spent cash. The doctor maintains that a vacation is the finest preventive for "marriage-tiredness" ever invented. He vows that he'll never stop prescribing it.

No one in the White family has a taste for expensive hobbies. True, Mason collects stamps. "I started my collection when I was 10," he says deprecatingly. "Now and then I go berserk and spend a couple of dollars to fill up blanks in my albums. But I don't own any rarities." As the family shutterbug, Mrs. White spends $30 a year on film and processing. That's all.

"I wouldn't want anyone to think we feel that ours is the only right way to handle money," says Mason White. "Obviously, everything depends on circumstances. But we don't do too badly. And if my practice goes on improving, we're going to get that home of our own. I have a feeling, though, that we'll go on budgeting our expenses carefully. So you'll still find me mowing the lawn and Ann sewing for the girls." END

STOP THAT COUGH!
ROMILAR® CF
The complete cough formula
Non-narcotic – No Rx required
Now in 3-oz bottles
ROCHE
ROCHE LABORATORIES

GOOD RECORDS are the KEY to successful Practice Management
Colwell's
DAILY LOG
THE DAILY LOG serves as a well qualified "business manager" in your office — the simplest of any professional system. Only a few minutes a day required to keep complete business records; helps you avoid tax troubles; saves you time and money. Fully dated; loose-leaf; printed new each year. Regular Edition, one 40 line page a day, one volume, dated for calendar year — $7.75.
ORDER DIRECT OR WRITE FOR FREE INFORMATION KIT
THE COLWELL COMPANY
238 Kenyon Road, Champaign, Illinois

THE FIRST CLINICAL SYMPOSIUM

ON THE TREATMENT OF VIRAL DISEASES

WAS HELD IN MIAMI ON

SEPTEMBER ONE, NINETEEN HUNDRED AND SIXTY

THE ANTI-VIRAL PROPERTIES OF THE DRUG

reticulose

LIPOPROTEIN-NUCLEIC ACID COMPLEX

WERE PRESENTED IN OVER

FOUR HUNDRED CASES OF VARIOUS VIRAL INFECTIONS

*a complete transcription of the symposium is available upon request*

CHEMICO LABORATORIES, INC.

7250 NORTHEAST FOURTH AVENUE, MIAMI, FLORIDA

*New, more effective analgesic*

# Kills pain



XUM

# stops tension

**For neuralgias, dysmenorrhea, upper respiratory distress, and postsurgical conditions... new compound kills pain, stops tension, reduces fever –gives more complete relief than other analgesics.**

Soma Compound is an entirely new, totally different analgesic combination that contains three drugs. First, Soma: a new type of analgesic that has proved to be highly effective in relieving both pain and tension.* Second, phenacetin: a "standard" analgesic and antipyretic. Third, caffeine: a safe, mild stimulant for elevation of mood. As a result, the patient gets more complete relief than he does with other analgesics. Soma Compound is nonnarcotic and nonaddicting. It reduces pain without impairing the natural defense reflexes.*

NEW NONNARCOTIC ANALGESIC

## soma® Compound

**Composition:** Soma (carisoprodol), 200 mg.; phenacetin, 160 mg.; caffeine, 32 mg. **Dosage:** 1 or 2 tablets q.i.d. **Supplied:** Bottles of 50 apricot-colored, scored tablets.

NEW FOR MORE SEVERE PAIN

## soma® Compound + codeine

**BOOSTS THE EFFECTIVENESS OF CODEINE:** Soma Compound boosts the effectiveness of codeine. Therefore only ¼ grain of codeine phosphate is supplied to relieve the more severe pain that usually requires ½ grain. **Composition:** Same as Soma Compound plus ¼ grain codeine phosphate. **Dosage:** 1 or 2 tablets q.i.d. **Supplied:** Bottles of 50 white, lozenge-shaped tablets; subject to Federal Narcotics Regulations.

WALLACE LABORATORIES • Cranbury, N. J.

*References available on request.

XUM

MEDICAL ECONOMICS'
*Continuing Survey reveals*

# *How your accounts receivable compare*

THIS ARTICLE *is copyrighted © 1960 by Medical Economics, Inc., Oradell, N.J. It may not be reproduced, quoted, or paraphrased in whole or in part in any manner whatsoever without the written permission of the copyright owner.*

If you're a typical, male, self-employed U.S. physician, your patients owe you about $7,000. And that's the equivalent of nearly two and a half months' gross earnings from your practice. These yardstick figures stem from the first nation-wide statistical study of physicians' accounts receivable.

MEDICAL ECONOMICS' new Continuing Survey indicates that general practitioners lag a little behind specialists in collecting unpaid accounts. As of mid-1960, the median amount owed to G.P.s equaled 2.8 months' gross income from practice—meaning that half of all G.P.s had more than that amount due them and half had less. The median amount owed to specialists was 2.2 months' gross.

Dermatologists enjoy the shortest time-lag between treatment and payment. Typically, their accounts receivable represent less than one month's gross earnings. Close behind are psychiatrists and ophthalmologists. Both typically have 1.2 months' charges outstanding.

At the opposite extreme are neurosurgeons, general sur-



XUM

geons, internists, and OB/gyn. men. All these typically have about three months' gross earnings tied up in unpaid accounts.

Surprise finding: Solo physicians collect faster than do partnerships and groups; and large partnerships are slower to collect than small ones.

But here's the biggest surprise of all: The total amount owed to *all* U.S. physicians on any given day, according to an estimate based on the typical doctor's receivables, is at least $1.2 billion. Note, however, that nearly half of this amount represents debts that are not yet thirty days old. Therefore, about half of all receivables shown in the accompanying tables can be attributed to slow payers.

For a full explanation of how the survey was conducted, see "How Your Collection Ratio Compares," in this issue. *More*▶

## The more you earn, the more you're owed

| Gross earnings | Accounts receivable | |
|---|---|---|
| | G.P.s | Specialists |
| $50,000 or more | $21,500 | $11,500 |
| 40,000-49,999 | 12,000 | 8,900 |
| 30,000-39,999 | 7,700 | 6,000 |
| 20,000-20,999 | 5,300 | 4,800 |
| Under $20,000 | 2,000 | 2,100 |
| All earnings levels | 7,400 | 6,800 |

Figures, rounded to the nearest $100, are medians as of June, 1960, for male, self-employed U.S. physicians. Source: MEDICAL ECONOMICS' Continuing Survey.



XUM

## Big-city doctors collect sooner

| | G.P.s' receivables | |
|---|---|---|
| | In dollars | In number of months' gross |
| Urban (500,000 or more pop.) | $ 3,600 | 1.7 |
| Urban (under 500,000 pop.) | 8,800 | 3.0 |
| Suburban | 6,500 | 2.4 |
| Rural | 10,000 | 3.6 |
| All locations | 7,400 | 2.8 |

## Partners carry more unpaid bills

| | G.P.s' receivables | |
|---|---|---|
| Practice set-up | In dollars | In number of months' gross |
| Solo | $ 5,900 | 2.3 |
| Expense-sharing | —— | — |
| Two-man partnership, per doctor | 11,300 | 3.5 |
| Larger partnership or group, per doctor | 20,000 | 6.5 |
| All practice set-ups, per doctor | 7,400 | 2.8 |

Figures are medians for male, self-employed U.S. physicians. Dollar figures, rounded to the nearest $100, are as of June, 1960. Other figures are based on gross earnings reported for 1959. Where no figure is given, sample was insufficient. Source: MEDICAL ECONOMICS' Continuing Survey.



XUM

| ivables | Specialists' receivables | |
|---|---|---|
| number of onths' gross | In dollars | In number of months' gross |
| .1.7... | ....$5,300..... | .1.9 |
| .3.0... | ..... 8,900..... | .2.8 |
| .2.4... | ..... 5,600..... | .1.8 |
| .3.6... | ..... 6,300..... | .2.3 |
| .2.8... | ..... 6,800..... | .2.2 |

## lls

| vables | Specialists' receivables | |
|---|---|---|
| number of nths' gross | In dollars | In number of months' gross |
| .2.3... | ....$ 5,500..... | .1.8 |
| .— ... | ..... 5,800..... | .1.9 |
| .3.5... | ..... 9,900..... | .2.8 |
| .6.5... | .....25,100..... | .7.8 |
| .2.8... | ..... 6,800..... | .2.2 |

ar figes are given, urvey.

## Business on the books in 13 specialties

| Specialty | Accounts receivable | |
|---|---|---|
| | In dollars | In number of months' gross |
| Dermatology | $ 2,200 | 0.7 |
| Ear, nose, throat | 6,700 | 2.2 |
| General surgery | 10,000 | 3.0 |
| Internal medicine | 8,400 | 3.0 |
| Neurosurgery | 12,000 | 3.1 |
| Obstetrics & gynecology | 9,400 | 2.9 |
| Ophthalmology | 3,600 | 1.2 |
| Orthopedic surgery | 10,000 | 2.6 |
| Pediatrics | 7,500 | 2.8 |
| Plastic surgery | 10,000 | 2.2 |
| Psychiatry | 3,400 | 1.2 |
| Radiology/ roentgenology | 5,700 | 1.7 |
| Urology | 7,400 | 2.3 |
| All specialties | 6,800 | 2.2 |

**Figures are medians for male, self-employed U.S. physicians. Dollar figures, rounded to the nearest $100, are as of June, 1960. Other figures are based on gross earnings reported for 1959. Source: MEDICAL ECONOMICS' Continuing Survey.**

END



XUM

XUM

# for every phase of cough... comprehensive relief

# AMBENYL® EXPECTORANT

AMBENYL EXPECTORANT quickly comforts the coughing patient because it is formulated to relieve all phases of cough due to upper respiratory infections or allergies. Combining Ambodryl®—potent antihistaminic; Benadryl®—the time-tested antihistaminic-antispasmodic; and three well-recognized antitussive agents, AMBENYL EXPECTORANT:

• soothes irritation • quiets the cough reflex • decongests nasal mucosa • facilitates expectoration • decreases bronchial spasm • and tastes good, too.

Each fluidounce of AMBENYL EXPECTORANT + contains:

| | |
|---|---|
| Ambodryl® hydrochloride (bromodiphenhydramine hydrochloride, Parke-Davis) | 24 mg. |
| Benadryl® hydrochloride (diphenhydramine hydrochloride, Parke-Davis) | 56 mg. |
| Dihydrocodeinone bitartrate | ⅙ gr. |
| Ammonium chloride | 8 gr. |
| Potassium guaiacolsulfonate | 8 gr. |
| Menthol | q.s. |
| Alcohol | 5% |

**Supplied:** Bottles of 16 ounces and 1 gallon.

**Dosage:** Every three or four hours—adults, 1 to 2 teaspoonfuls; children ½ to 1 teaspoonful. 27166

+ Exempt narcotic

PARKE, DAVIS & COMPANY
Detroit 32, Michigan

PARKE-DAVIS

XUM



# Practice management

With this issue, a new feature makes its bow. The queries below are selected from many that doctors have addressed to MEDICAL ECONOMICS in recent weeks. The answers reflect the judgment of a panel of two physicians and four management consultants. Further Q.s and A.s will appear in forthcoming issues. If you have a question of general interest to your colleagues, you're invited to submit it.

*Q. A colleague tells me he has put a phone in every room in his office, including his examining rooms. He now has ten phones, which permit him to take a call any time and thus to dispense with a telephone hour. I get about thirty-five calls a day.*

## Meet the panel of answer men



**JOSEPH McELLIGOTT**
*Management consultant*
*New York City*



**ALLISON SKAGGS**
*Management consultant*
*Battle Creek, Mich.*



**ALFRED INGEGNO, M.D.**
*Internist*
*New York City*

# question box

*Should I follow my colleague's lead?*

A. The answer must depend on your replies to two key questions. First, are you willing to take calls at *any* time? Secondly, how do you think your patients will react to incessant break-ins? Remember, too, that a battery of phones will boost your costs a bit. The panel believes that your friend has overdone it. Installing an extra phone in the corridor outside your examining room is perhaps advisable—but ought to be quite enough.

*Q. I'm just starting out in solo practice. A local podiatrist has suggested an expense-sharing set-up that seems ideal for me. Do you think that such*



**MILLARD MILLS**
*Management consultant*
*Waterloo, Iowa*



**IRVING LEVITAS, M.D.**
*Internist*
*Westwood, N.J.*



**CLAYTON SCROGGINS**
*Management consultant*
*Cincinnati, Ohio*




like a string on your finger!

Have you made your 1960 contribution to Medical Education?

Whether you make your gift through your Alumni Committee or through the American Medical Education Foundation — NOW is the time to support Medical Education.

Mail your check TODAY.

american medical education foundation

535 N. Dearborn Street
Chicago 10, Ill.

• This space contributed by the publisher



*an arrangement with a non-M.D. can work?*

A. It might—but you'd be skating on thin ice. You might undermine your relations with the orthopedists, say, or the dermatologists of your community. Even though the A.M.A. has said that podiatry is not a cult, the panel advises: Expense-sharing with another M.D. would be a better move. END

## Giving a talk? Now you can bring your own loudspeaker

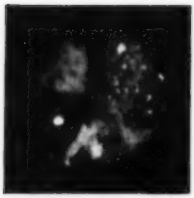
Next time you address your colleagues and show them charts or slides, you needn't risk stumbling over the cord connecting microphone and loudspeaker. There is no cord on a combined microphone-loudspeaker unit that one firm has developed. You hang the whole unit on your neck, speak as you wander about, and the loudspeaker at the base of the microphone amplifies your voice ten times. The unit weighs just eleven ounces, operates on a nine-volt battery, and costs $110. It's made by J. B. Moore Laboratories, Inc., P.O. Box 606, Opa-Locka, Fla. END

The Upjohn Company, Kalamazoo, Michigan

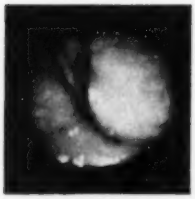
Upjohn

# Excellent results in ulcerative colitis even where other steroids have failed

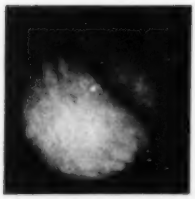
*Proctoscopic view of the sigmoid in acute stage of ulcerative colitis*



*Proctoscopic view of the sigmoid following Depo-Medrol retention enemas for acute stage of ulcerative colitis*



*Proctoscopic view of sigmoid colon in a normal person*



In controlling ulcerative colitis (recurrent, moderately severe, severe, and resistant), Depo-Medrol†can be given topically (by enema or rectal instillation) in requisitely large doses without producing significant side effects. Excellent results are obtainable even where other steroids have failed and improvement continues on oral Medrol maintenance dosage.

**there is only one methylprednisolone, and that is**

# Medrol*

**the corticosteroid that hits the disease, but spares the patient**

Medrol is supplied as 4 mg. tablets in bottles of 30, 100 and 500; as 2 mg. tablets in bottles of 30 and 100; and as 16 mg. tablets in bottles of 50. Depo-Medrol is supplied as 40 mg. per cc. injectable suspension in 1 cc. and 5 cc. vials. Mode of administration: Depo-Medrol (40-120 mg.) given as retention enema or by continuous drip three to seven times weekly.

*Trademark, Reg. U. S. Pat. Off.—methylprednisolone, Upjohn †Trademark

XUM



***how does* Mellaril *differ from other potent tranquilizers?***



# Mellaril®

THIORIDAZINE HCl
*specific, effective tranquilizer*

*provides highly effective tranquilization,*
*relieves anxiety, tension, nervousness,*

*but is virtually free of such toxic effects as*

*jaundice*
*Parkinsonism*
*blood dyscrasia*
*dermatitis*

*greater specificity of tranquilizing action results in fewer side effects*



Virtual freedom of Mellaril from major toxic effects is due to greater specificity of tranquilizing action—divorced from such "diffuse" effects as anti-emetic action.

**"A new phenothiazine derivative, thioridazine [Mellaril®], was used to treat 71 patients, most of whom were unduly agitated and disturbed due to hospitalization for medical or surgical conditions . . . . The response to treatment was considered satisfactory in 83.4 per cent of patients . . . . In agreement with the published results of other investigators, we believe that thioridazine shows a greater specificity of tranquilizing action and freedom from serious toxic effects when compared with some of the other phenothiazines."***

Supply: MELLARIL Tablets, 10 mg., 25 mg., 50 mg., 100 mg.

*David, N. A.; Logan, N. D., and Porter, G. A.: Evaluation of Thioridazine (Mellaril), a New Phenothiazine, in The Hospitalized Patient, A. M. & C. T. 7:364 (June) 1960.

SANDOZ

XUM

new

clinical proof

# Terra-Cortril®

brand of oxytetracycline and hydrocortisone

TOPICAL OINTMENT

a single formula for dual control in dermatitis of allergic or infectious etiology



## NOV 24 NOV 30

J. P., 3-year-old male. Shoulder abraded as result of a fall. Developed a pyodermatitis of 3 weeks' duration.

healed in 6 days with Terra-Cortril ointment.

*Science for the world's well-being™*

Pfizer

PFIZER LABORATORIES

*Division, Chas. Pfizer & Co., Inc.*

*Brooklyn 6, New York*

Case report in files of Pfizer Laboratories Medical Department

*Terra-Cortril®*
*IN BRIEF*

TERRA-CORTRIL Topical Ointment unites the potent anti-inflammatory action of hydrocortisone (Cortril®) with the broad-spectrum anti-infective control of oxytetracycline (Terramycin®), for rapid relief of symptoms and resolution of lesions in primary skin infections; in contact and other allergic dermatoses, the antibiotic controls secondary infectious complications. Unusually well tolerated, TERRA-CORTRIL makes possible the successful treatment of a wider range of skin conditions with a single medication.

*INDICATIONS:* Pyodermas, allergic dermatoses, neurodermatitis, wounds, minor burns, and other inflammatory skin conditions with superimposed infections. Supplemental oral antibacterial therapy is advisable in the treatment of severe infections or those which may become systemic.

*ADMINISTRATION AND DOSAGE:* After thorough cleansing of affected skin areas, a small amount of ointment should be applied gently. Repeat up to four times daily. When actual infection is present, apply on sterile gauze for continuous contact with affected area. Therapy should not be discontinued too soon after initial response has been obtained.

*SIDE EFFECTS:* Few instances of hypersensitivity to topically applied hydrocortisone have been reported. Allergic reactions to Terramycin are infrequent. TERRA-CORTRIL Topical Ointment should be discontinued if such reactions occur and are severe.

*PRECAUTIONS AND CONTRAINDICATIONS:* Broad-spectrum antibiotics may cause overgrowth of nonsusceptible organisms, e.g., monilia, resistant staphylococci. If this occurs, discontinue the medication and take appropriate countermeasures. With the exception of herpes simplex and second-degree burns, there are few dermatologic contraindications to topical use of hydrocortisone.

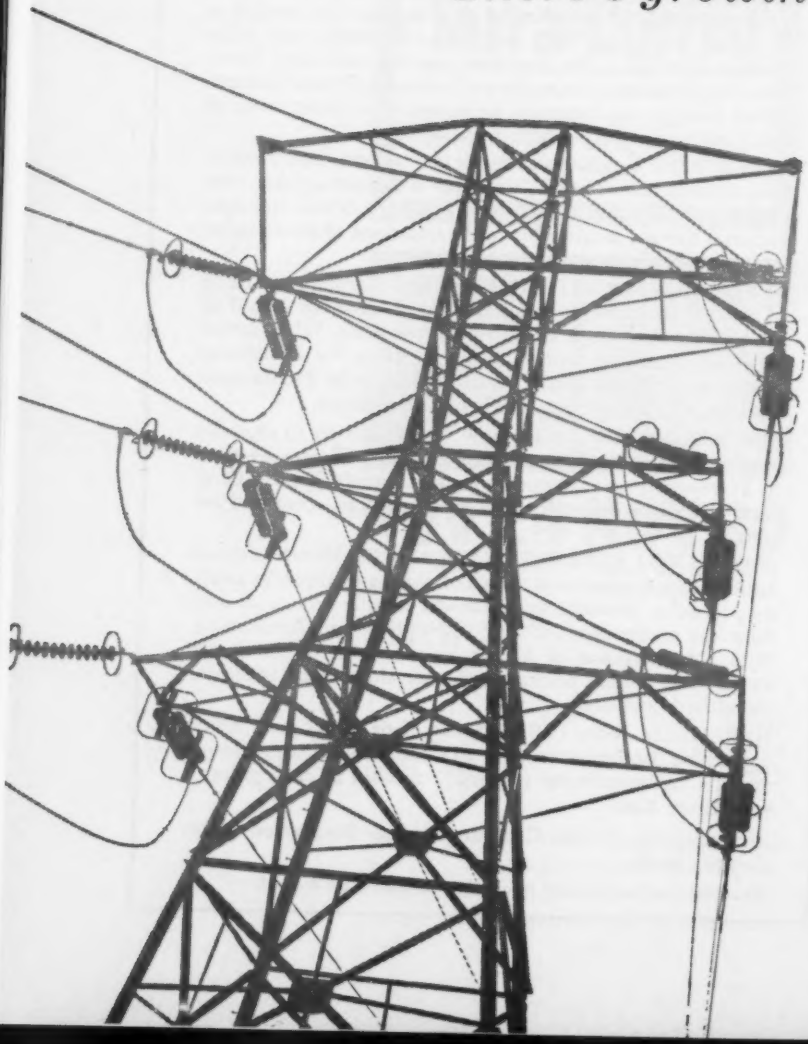
*SUPPLIED:* In ⅛-oz. (5.0 gm.) and ½-oz. (14.2 gm.) tubes, containing 3% oxytetracycline (Terramycin®) hydrochloride and 1% hydrocortisone (Cortril®) alcohol in each gram of petrolatum base.

*Also available:* TERRA-CORTRIL Eye/Ear Suspension—5 cc. dropper bottle.

***More detailed professional information available on request.***

XUM

# *There's growth in pu*



# in public utility stocks!

*Power companies have always yielded good income. Now many are showing a rapid rise in earnings. Here's how to pick the right utility stock for you*

*By Ralph J. Seymour*

The other day, I turned the tables on a psychiatrist-investor. I gave him a short free-association test. "What does the term 'public utility stock' mean to you?" I asked.

His prompt reply: "Safety and good yield. But not much growth."

Many investors would probably give a similar answer. But their impression of utility stocks isn't accurate. Why? Because some utility stocks offer considerable growth, as well as income and security.

Most investors who are after growth tend to overlook the power-company stocks for two reasons. Industrial companies have increased dividends somewhat faster than the utilities have; and utility progress tends to be slow and steady, whereas the earnings of industrials spurt dramatically during prosperity. Yet the utilities' earnings have actually risen faster over the last decade than those of industrial companies.

Competition among the industrial companies is getting fiercer, too. It will tend to restrict the size of their earnings. But the utilities have no competition. What's more, the industrials are now paying stockholders as much of earnings as they can safely afford. So the growth that's ahead for utilities is likely

THE AUTHOR *is a Washington, D.C., economist and investment counselor.*



XUM



## Twenty public utility stocks

| | Estimated 1960 earnings | Estimated 1960 dividends |
|---|---|---|
| **For superior growth** | | |
| Central & South West | $1.45 | $0.96 |
| Florida Power & Light | 2.10 | 0.96 |
| Houston Lighting & Power | 3.20 | 1.60 |
| Tampa Electric | 1.20 | 0.72 |
| Virginia Electric & Power | 1.80 | 1.20* |
| **For income and growth** | | |
| American Electric Power | 2.55 | 1.80 |
| Atlantic City Electric | 1.55 | 1.10* |
| Kansas Power & Light | 2.30 | 1.42 |
| Puget Sound Power & Light | 2.00 | 1.56 |
| San Diego Gas & Electric | 1.85 | 1.20 |
| **For liberal income** | | |
| Boston Edison | 4.00 | 3.00 |
| Consumers Power | 3.85 | 2.60 |
| Iowa-Illinois Gas & Electric | 2.75 | 1.93 |
| New England Gas & Electric | 1.80 | 1.16 |
| Union Electric | 2.10 | 1.80* |
| **For very high yield** | | |
| Central Maine Power | 1.85 | 1.45 |
| Green Mountain Power | 1.30 | 1.10 |
| Maine Public Service | 1.55 | 1.20* |
| New England Electric | 1.40 | 1.08* |
| Public Service Company of New Hampshire | 1.40 | 1.04 |

*Partly free from Federal income taxes.

## to pick from

| 1960 High | 1960 Low | Recent price | Yield on estimated dividends |
|---|---|---|---|
| 42½ | 29⅛ | 36 | 2.7% |
| 68⅝ | 50¾ | 57 | 1.7 |
| 88 | 65½ | 85 | 1.9 |
| 38¼ | 25 | 33 | 2.2 |
| 51 | 34⅝ | 47 | 2.6 |
| 59½ | 46⅛ | 55 | 3.3 |
| 38½ | 28¾ | 37 | 3.0 |
| 39¼ | 31⅛ | 36 | 3.9 |
| 37¾ | 29½ | 35 | 4.5 |
| 31¾ | 24⅜ | 28 | 4.3 |
| 69 | 59⅝ | 63 | 4.8 |
| 61½ | 53½ | 60 | 4.3 |
| 42½ | 36¼ | 41 | 4.7 |
| 24⅝ | 21½ | 23 | 5.0 |
| 39⅞ | 32 | 38 | 4.7 |
| 26⅞ | 23⅝ | 26 | 5.6 |
| 20⅞ | 18⅛ | 20 | 5.5 |
| 23⅞ | 20 | 22 | 5.5 |
| 22⅜ | 19⅞ | 21 | 5.1 |
| 19¾ | 18⅜ | 19 | 5.5 |

to be relatively bigger than it has been.

How can you pick the right utility stock—one that offers growth as well as income and safety? To find out, let's look at some of the factors that make such stocks worth your consideration:

▶ The rise in population adds millions of new electricity users each year. An estimated 1,300,000 new dwellings will have been built in 1960.

▶ Almost every year sees the introduction of new power-using appliances. In 1950, per-capita consumption in the U.S. was about 2,400 kilowatt-hours. This year, the average citizen will have used more than 4,600 kilowatt hours.

▶ Greater use of electric power by industry will go hand in hand with the growing automation of factory production.

Year after year, the electric-power industry has expanded faster than the economy. Indeed, the electricity output of the typical power company over the past decade has climbed three times as fast as production on the whole. All evidence indicates



XUM

## *in progesterone deficiency states...*

# NORLUTIN®

(norethindrone, Parke-Davis)

## *potent oral progestational agent*

***Oral therapy for*** "...a prompt and strong progestational effect on the human endometrium...."*

In gynecologic and obstetric disorders associated with progesterone deficiency, clinically desirable results can often be obtained with small oral doses of NORLUTIN. This orally administered agent is comparable in physiologic effect to parenterally administered progesterone. NORLUTIN thus provides effective therapy *by mouth* —a route of administration that secures patient cooperation and helps to assure an uninterrupted regimen.

***Indications:*** Conditions involving deficiency of progesterone, such as amenorrhea • menstrual irregularity • functional uterine bleeding • endocrine infertility • habitual abortion • threatened abortion • premenstrual tension • dysmenorrhea

***Supplied:*** 5-mg. scored tablets, bottles of 30.

*Rock, J.; García, C.-R., & Pincus, G.: *Am. J. Obst. & Gynec.* **79**:758, 1960.

44449

PARKE-DAVIS

PARKE, DAVIS & COMPANY · DETROIT 32, MICHIGAN

XUM

that demand for power will continue to soar.

Naturally, expansion costs money. It has been estimated that, over the next decade, the industry's outlays for new plants will average nearly $7 billion a year—twice the current rate of expenditure. But the new capacity will be much cheaper to run.

New aids to economical operation are constantly being developed. Thus the power industry has been able to cut its rates in half during an era when consumer prices have doubled. The average price of electricity for home use has dropped from about 5 cents a kilowatt-hour in 1935 to about 2½ cents. The generally declining cost has obviously encouraged electricity consumption.

And profits of the electric companies go up and up. Since 1950, their *per-share* earnings have risen 62 per cent, as against





ANXIETY-TENSION STATES RESPOND TO

BUTISOL has a known, predictable action—small daily dosage "will produce satisfactory daytime sedation... with minimal occurrence of untoward reactions."[1]

BUTISOL sodium

butabarbital sodium

TABLETS, REPEAT ACTION TABLETS, ELIXIR, CAPSULES

DOSAGE: 15 to 30 mg. three or four times a day.

McNEIL

McNEIL LABORATORIES, INC.
Philadelphia 32, Pa.

*quick, accurate early pregnancy diagnosis...*



*new, 3-day oral test for pregnancy*

# Pro-Duosterone®

anhydrohydroxyprogesterone 50.00 mg.
activated by ethinyl estradiol 0.03 mg. } per tablet

**safe . . . physiologic . . . therapeutic**

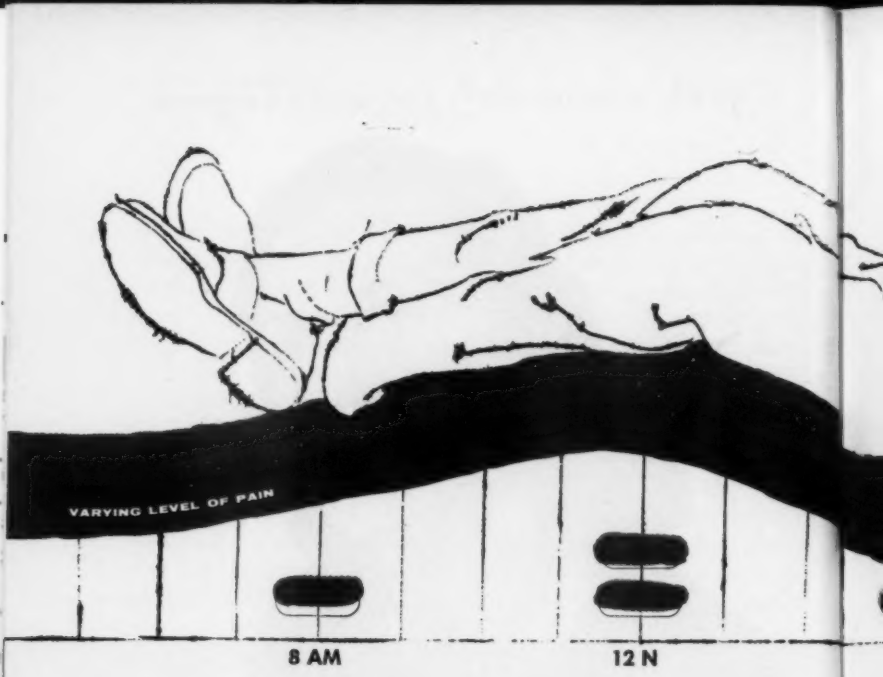
Pregnancy is now diagnosed safely, simply and accurately in its earliest weeks by oral administration of four PRO-DUOSTERONE® tablets daily for three consecutive days. In the nonpregnant patient uterine bleeding usually occurs 3 to 7 days after progesterone therapy.[1] No bleeding occurs when pregnancy exists, and gestation is protected.[2] Moreover, in short-term functional amenorrhea regular cycles are usually restored by oral progestogen.[1] Speed and precision of this test are unsurpassed, and "no laboratory equipment, animals, or specimens are needed."[1] The 3-day, oral PRO-DUOSTERONE test for pregnancy is also less costly than biologic methods. Diagnostic and therapeutic efficiency is assured by the small estrogen component of PRO-DUOSTERONE since "Progesterone has no action whatsoever in the absence of estrogens."[3]

Supplied: bottles of 24 tablets. **Roussel Corporation,** 155 E. 44th St., New York 17

1. Huyhn, G.E.: Am. J. Obs. & Gynec. 76:271, 1958. 2. New & Nonofficial Drugs: J.A.M.A. 168:181, 1958. 3. Pega, E.W.: CP 9:53, 1954.



XUM




## keep all patients* pain-free at all times

- with the proper potency to match pain intensity
- with dosage flexibility to match pain variations

# Phenaphen®

or

# Phenaphen®-with Codeine

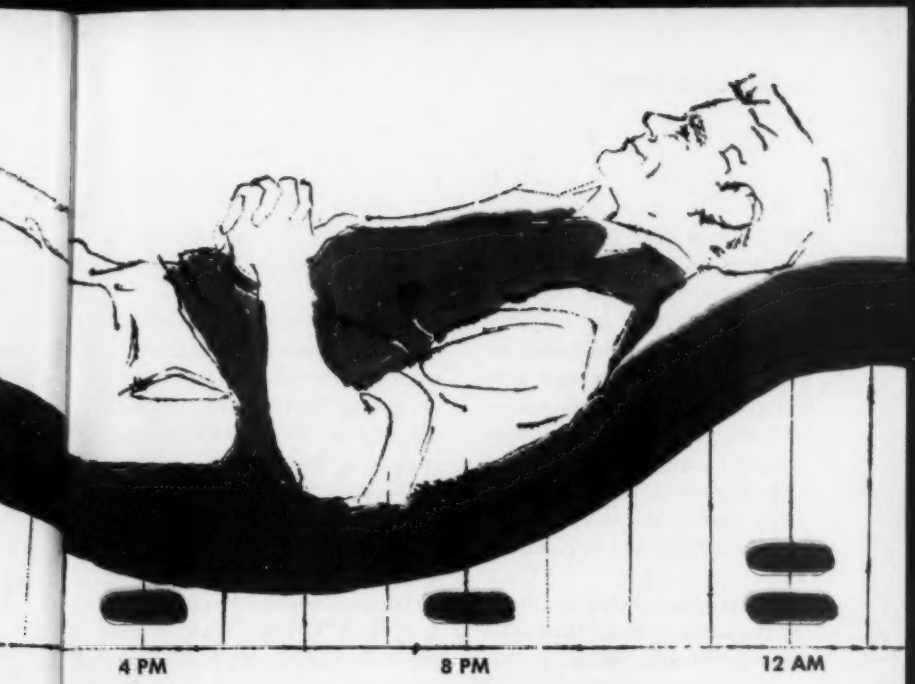
*except those for whom recourse to morphine is inescapable.

Robins

A. H. ROBINS CO., INC., RICHMOND 20, VIRGINIA

Ethical Pharmaceuticals of Merit since 1878

XUM




Phenaphen and Phenaphen with Codeine provide a wide range of analgesia, plus complete dosage flexibility, to match varying pain requirements.

Yours to prescribe:

The **right** dose of the **right** potency at the **right** time.

### Phenaphen

Basic non-narcotic formula

**For mild to moderate pain**

Each capsule contains:

| | |
|---|---|
| Acetylsalicylic acid (2½ gr.) | 162.0 mg. |
| Phenacetin (3 gr.) | 194.0 mg. |
| Phenobarbital (¼ gr.) | 16.2 mg. |
| Hyoscyamine sulfate | 0.031 mg. |

### Phenaphen No. 2

Phenaphen with Codeine Phosphate ¼ gr. (16.2 mg.)

**For moderate to severe pain**

### Phenaphen No. 3

Phenaphen with Codeine Phosphate ½ gr. (32.4 mg.)

**For severe or stubborn pain**

### Phenaphen No. 4

Phenaphen with Codeine Phosphate 1 gr. (64.8 mg.)

**For stubborn or intense pain**—to obviate or postpone use of morphine or addicting synthetic narcotics

DOSAGE: One or two capsules as required.

XUM

only 49 per cent for a typical group of industrials.

The growth of the past ten years has lifted the utilities' dividend payments by nearly 60 per cent. Share prices have risen 115 per cent. With the exception of 1956, the prices of power-company stocks have always been higher at the end of the year than at the start. And it looks as if 1960 will be no exception.

For the next twelve months or so, the outlook for utilities is especially bright. Many investment advisers rank them among the leaders in probable appreciation. Some economists expect industrial profits to falter in the first part of 1961. The fine defensive qualities of power-company shares will really pay off if these predictions turn out to be right.



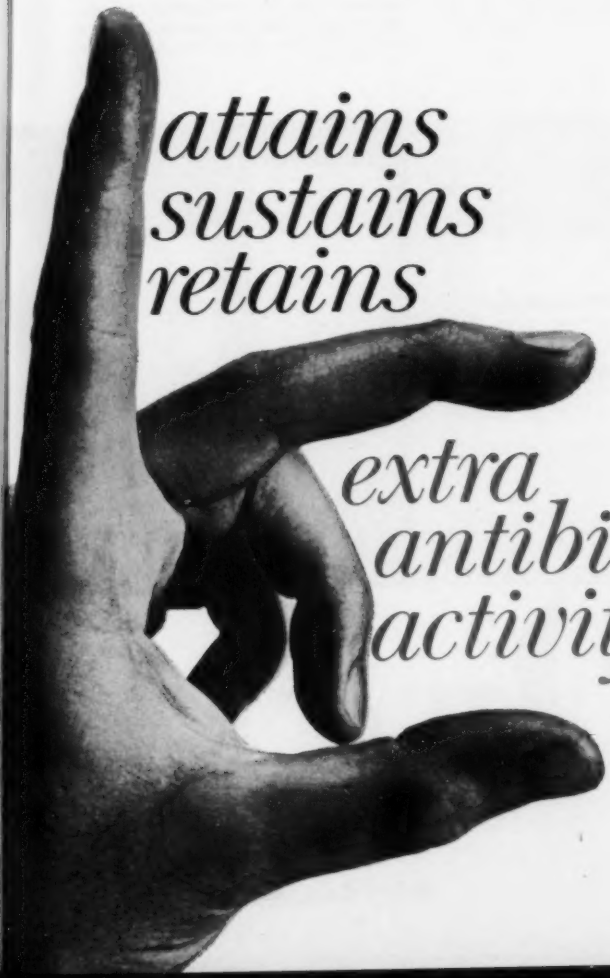

But, as is true of every industry group, there are some companies in the utilities field that do better than others. Some grow faster. Others yield greater current income. Here are the criteria you should use in picking an issue:

*Geographic location.* Is the company in an area where population and industry are expanding fast? Florida, California, the middle South, and the Southwest are the fastest-growing sections of the U.S. But every region contains some growth spots.

*Customer mix.* Does the company have a high proportion of residential and commercial users? Such customers consume only half the electricity that's generated. But because of the higher rates they pay, they account for 70 per cent of power-company revenue. And it's steady and steadily growing revenue, virtually immune to the fluctuations in industrial activity. "No one disconnects the TV set to save 90 cents a

# DECLOMYCIN®

DEMETHYLCHLORTETRACYCLINE LEDERLE

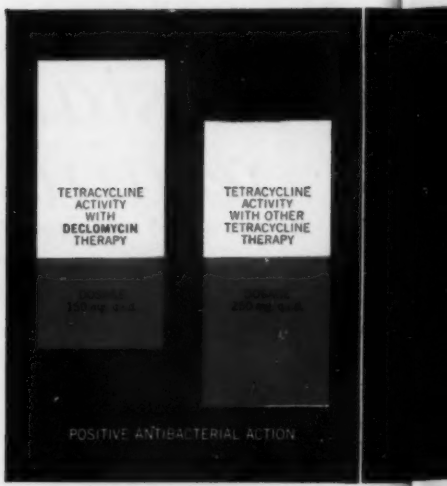


*attains*
*sustains*
*retains*

*extra*
*antibiotic*
*activity*

## *extra-activity*...promptly attained

DECLOMYCIN Demethylchlortetracycline attains —usually within two hours—blood levels more than adequate to suppress susceptible pathogens. These levels are attained in tissues and body fluids on daily dosages substantially lower than those required to elicit antibiotic activity of comparable intensity with other tetracyclines. With other tetracyclines, the average, effective, adult daily dose is 1 Gm. With DECLOMYCIN Demethylchlortetracycline, it is only 600 mg.



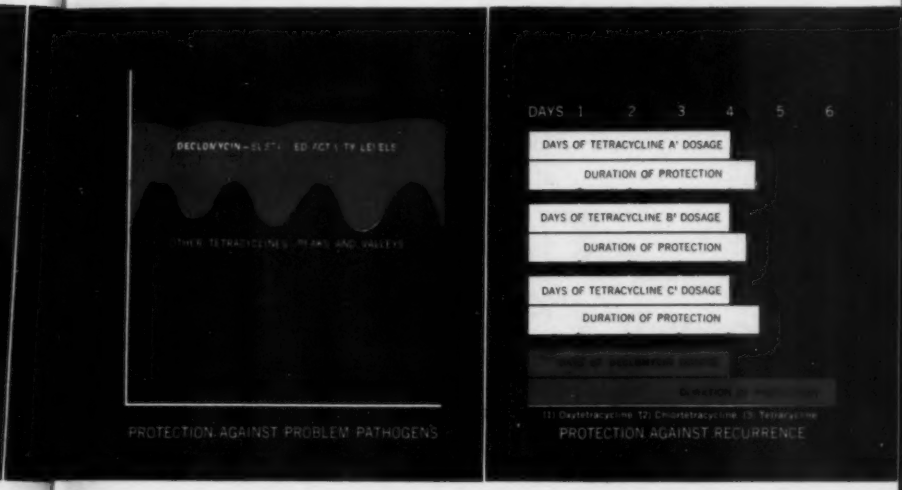

# DECLO

## evenly sustained

DECLOMYCIN Demethylchlortetracycline **sustains, through the entire therapeutic course, the high activity levels needed to control the primary infective process and to check the onset of a complicating secondary infection at the original—or at another—site. This combined therapeutic action is sustained, in most instances, without the pronounced hour-to-hour, dose-to-dose, peak-and-valley fluctuations in activity levels which characterize other tetracyclines.**

## long retained

DECLOMYCIN Demethylchlortetracycline **retains significant activity levels, up to 48 hours after the last dose is given. At least a full, extra day of positive antibacterial action may thus be confidently expected. One capsule four times a day, for the average adult in the average infection, is the same as with other tetracyclines—but the total dosage is lower and the duration of anti-infective action is longer.**




# MYCIN®

DEMETHYLCHLORTETRACYCLINE LEDERLE



XUM

- higher activity/intake ratio—positive antibacterial action
- sustained activity levels—protection against problem pathogens
- up to two extra days' activity—protection against recurrence

CAPSULES, 150 mg., bottles of 16 and 100. **Dosage:** Average infections—1 capsule four times daily. Severe infections—Initial dose of 2 capsules, then 1 capsule every six hours.

PEDIATRIC DROPS, 60 mg./cc. in 10 cc. bottle with calibrated, plastic dropper. **Dosage:** 1 to 2 drops (3 to 6 mg.) per pound body weight per day—divided into 4 doses.

SYRUP, 75 mg./5 cc. teaspoonful (cherry-flavored), bottles of 2 and 16 fl. oz. **Dosage:** 3 to 6 mg. per pound body weight per day—divided into 4 doses.

**PRECAUTIONS:** As with other antibiotics, DECLOMYCIN may occasionally give rise to glossitis, stomatitis, proctitis, nausea, diarrhea, vaginitis or dermatitis. A photodynamic reaction to sunlight has been observed in a few patients on DECLOMYCIN. Although reversible by discontinuing therapy, patients should avoid exposure to intense sunlight. If adverse reaction or idiosyncrasy occurs, discontinue medication.

Overgrowth of nonsusceptible organisms is a possibility with DECLOMYCIN, as with other antibiotics. The patient should be kept under observation.

for the added measure of protection **in clinical practice**

# DECLOMYCIN®

DEMETHYLCHLORTETRACYCLINE LEDERLE

LEDERLE LABORATORIES, a Division of AMERICAN CYANAMID COMPANY, Pearl River, New York

month," as one industry leader puts it.

*Debt-equity ratio.* Does the company's equity investment account for a relatively high proportion of its total capitalization? If it does, the stock is less likely to be depressed by new financing that can temporarily dilute per-share earnings. All things being equal, you'd be well advised to select a company that *isn't* planning a new stock or bond issue in the near future.

*Rate increases.* Does the company have a rate increase pending before a utility commission? Higher charges usually bring increases in earnings.

*Tax advantages.* Are part of the company's dividends tax-free? Under certain circumstances, the difference between a utility's *actual* and *taxable* profit can be treated as a tax-free return of the investor's capital. (Consult your tax adviser for further details.)

Applying the above standards, you should have no trouble selecting a utility stock with a nice yield or fast growth prospects—and possibly a combination of both. END

STOP THAT COUGH!
ROMILAR CF
The complete cough formula
Non-narcotic - No Rx required
Now in 3-oz bottles
ROCHE
ROCHE LABORATORIES

! LAXATIVE RESULTS WITHOUT LAXATIVE HARSHNESS
DOXIDAN
Supplied in bottles of 30 and 100 soft gelatin capsules.
LLOYD BROTHERS, INC.
CINCINNATI 3, OHIO



XUM

# in edema or

## -more doctors are prescribing–
## -more patients are receiving the benefits of–
## -more clinical evidence exists for–



in congestive failure

"Chlorothiazide was given to 16 patients for a total of 295 patient-treatment days." "Chlorothiazide is a safe, oral diuretic with a clinical effect equal to or greater than a parenteral mercurial." Harvey, S. D. and DeGraff, A. C.: N. Y. State J. Med., **59**:1769, (May 1) 1959.



in hypertension

". . . our program has been one of polypharmacy in which we attempt to deplete body sodium with chlorothiazide. This drug is continued indefinitely as background medication for all antihypertensive drugs." Moyer, J.H.: Am. J. Cardiology, **3**:199, (Feb.) 1959.



in premenstrual edema

"Chlorothiazide is an excellent agent for relief of swelling and breast soreness associated with the premenstrual tension syndrome, since all patients [50] with these complaints were completely relieved." Keyes, J. W. and Berlacher, F. J.: J.A.M.A., **169**:109, (Jan. 10) 1959.

**DOSAGE:** Edema—One or two 500 mg. tablets DIURIL once or twice a day. Hypertension—One 250 mg. tablet DIURIL twice a day to one 500 mg. tablet DIURIL three times a day.

**SUPPLIED:** 250 mg. and 500 mg. scored tablets DIURIL (chlorothiazide) in bottles of 100 and 1,000. DIURIL is a trademark of Merck & Co., INC.
Additional information is available to the physician on request.

# hypertension

# DIURIL®

(CHLOROTHIAZIDE)

***than for all other diuretic-antihypertensives combined!***



**in edema of pregnancy**

"One hundred patients were treated with oral chlorothiazide." "In the presence of clinically detectable edema, the agent was universally effective." "Chlorothiazide is at present the most effective oral diuretic in pregnancy." Landesman, R., Ollstein, R. N. and Quinton, E. J.: N. Y. State J. Med., **59**:66, (Jan. 1) 1959.



**in cirrhosis with ascites**

"All three of the patients with Laennec's cirrhosis, ascites and edema had a favorable response, with a mean weight loss of 8 lbs., during the five-day treatment period with a slight decrease in edema." Castle, C. N., Conrad, J. K. and Hecht, H. H.: Arch. Int. Med., **103**:415, (March) 1959.



**in renal edema**

"In a study of 10 patients with the nephrotic syndrome associated with various types of renal disease, orally administered chlorothiazide was a successful, and sometimes dramatic, diuretic agent." Burch, G. E. and White, M. A., Jr.: Arch. Int. Med., **103**:369, (March) 1959.

MSD MERCK SHARP & DOHME
Division of Merck & Co., INC., Philadelphia 1, Pa.



XUM

## Will new medical schools avert a doctor shortage?

The country's eighty-sixth medical school—the University of Kentucky's Lexington Medical Center—started its first class this fall. What are current plans and prospects for other new medical schools? And will they produce enough graduates in time to ward off the much-predicted doctor shortage of 1975? Here's a rundown:

*Two new schools—almost certain:* In Texas, there will be a four-year school at San Antonio—the University of Texas' third medical college. And New Mexico will get its first medical school, a two-year college in Albuquerque.

*Five new schools—good prospects:* A private medical college for St. Paul, Minn., is being planned by an association of 300 physician-contributors. Idaho's first medical college will be located in Pocatello, Moscow, or Boise. Meanwhile, Governors' commissions are weighing suggestions for state medical colleges in San Diego, Calif.; Nassau County, N.Y.; and in Ohio.

*Two new schools—under discussion:* A four-year school at the State University of Michigan in Lansing and a two-year school at the University of Connecticut in Hartford.

*Five new schools—still tenuous proposals:* These include two four-year schools, one in the Far West and one in the Southeast. Additionally, in Indiana, Washington, and Rhode Island, following the recent recommendations of the Surgeon General's Consultant Group on Medical Education, possible sites are being talked about.

If all fourteen new schools materialize, how many new graduates will they add? There's no sure answer yet. But there's this comparison:

The fourteen newest existing schools graduated 924 physicians last year. If the proposed new schools were to match that figure, that still wouldn't be enough to meet the anticipated need for 2,300 more graduates a year by 1975.

Meanwhile, older schools may help meet the need by producing more graduates. Dartmouth and Johns Hopkins have already announced expansion plans. END



# *now—two FILIBON formulas*

## *for individualized pre- and postnatal support*

***two formulations***—both phosphorus-free, both with noninhibitory intrinsic factor and well-tolerated iron—providing greater flexibility in meeting individual requirements in pregnancy and lactation.

*you can recommend:*

## *FILIBON® Capsules*

***Prenatal Supplement Lederle***

***Each capsule contains:***

| | |
|---|---|
| Vitamin A (acetate) | 4,000 U.S.P. Units |
| Vitamin D | 400 U.S.P. Units |
| Thiamine Mononitrate ($B_1$) | 3 mg. |
| Pyridoxine ($B_6$) | 1 mg. |
| Niacinamide | 10 mg. |
| Riboflavin ($B_2$) | 2 mg. |
| Vitamin $B_{12}$ with AUTRINIC® Intrinsic Factor Concentrate | 1/6 N.F. Oral Unit |
| Ascorbic Acid (C) (as Calcium Ascorbate) | 50 mg. |
| Vitamin K (Menadione) | 0.5 mg. |
| Ferrous Fumarate (Elemental iron, 30 mg.). | 91.2 mg. |
| Fluorine (as $CaF_2$) | 0.015 mg. |
| Copper (as CuO) | 0.15 mg. |
| Iodine (as KI) | 0.01 mg. |
| Potassium (as $K_2SO_4$) | 0.835 mg. |
| Manganese (as $MnO_2$) | 0.05 mg. |
| Magnesium (as MgO) | 0.15 mg. |
| Molybdenum (as $Na_2MoO_4.2H_2O$) | 0.025 mg. |
| Zinc (as ZnO) | 0.085 mg. |
| Calcium Carbonate | 575 mg. |

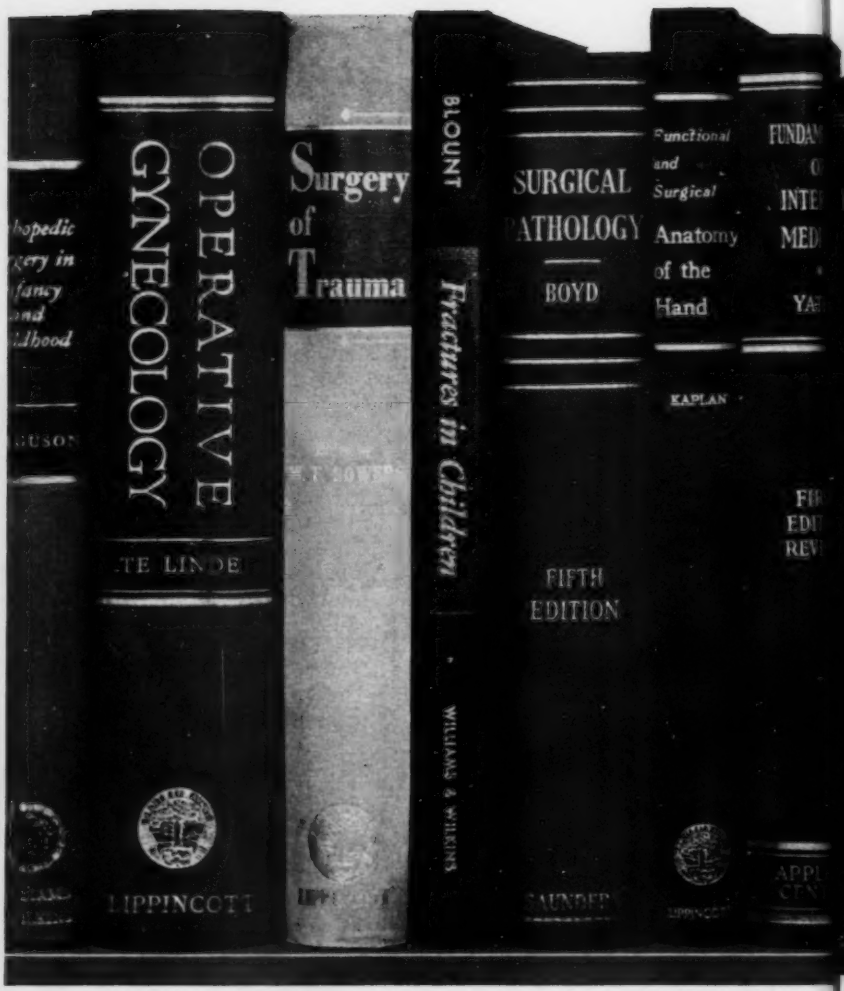
*or you can prescribe:*

## *FILIBON® F. A. Capsules*

***Prenatal Supplement with Folic Acid Lederle***

The complete FILIBON formula, *plus* 1 mg. of Folic Acid, essential for the prevention of the common megaloblastic anemias of pregnancy.

LEDERLE LABORATORIES
A Division of
AMERICAN CYANAMID COMPANY
Pearl River, New York


OPERATIVE GYNECOLOGY
TE LINDE
LIPPINCOTT
Surgery of Trauma
BLOUNT
Fractures in Children
WILLIAMS & WILKINS
SURGICAL ATHOLOGY
BOYD
FIFTH EDITION
SAUNDER
Functional and Surgical Anatomy of the Hand
KAPLAN
FUNDA
INTE
MED
YA
FI
EDI
REV
APPL
CEN




**PDR**
**serves doctors**
**daily...rarely**
**rests**
**on the shelf**

XUM



# Gifts you can give your colleagues

*Here are some suggestions to help you solve that old problem: how to thank another doctor for professional courtesy*

*By John M. Meyer*

What's the best way to repay another doctor's professional courtesy? It's sometimes possible to make repayment in kind by doing your colleague a favor. More often, a gift seems the best idea—especially at this season of the year.

But *what* gift? Not long ago, a doctor who signed herself Marie F. King confessed in these pages that on one occasion she actually delayed getting necessary medical care because "I couldn't decide whether to send the diagnostician an electric blanket or a case of whisky." You doubtless face a similar problem from time to time.

Since doctors are a varied lot, with widely diversified tastes and needs, better put yourself in your colleague's shoes when selecting a gift for him. For example, if he has only recently hung up his shingle, something for his office might be appropriate. But if he's an older man, he might not appreciate a present that implies a reflection on the state of his waiting room.

Actually, it's always difficult to pick the *right* gift. You might get a tip by calling your colleague's wife or his aide. But even this won't necessarily solve your problem.

To help you make up your mind, MEDICAL ECONOMICS has gone on an extensive shopping trip. Here's a necessarily limited—but none the less provocative—assortment of gift suggestions:

*Gifts for the office or home.* If you're hesitant about picking an office gift (and you probably should be, unless you've heard your colleague say he'd like a particular item), why not buy something that will be useful in either home *or* office? New York's Lord & Taylor has an Italian brass magazine rack with four compartments, at $42.50, that would make an ideal gift of this kind. If the doctor doesn't want it for the magazines in his waiting room, he can put it in his consultation room or take it home.

Another idea, from Neiman-Marcus of Dallas: an illuminated globe of the world, "exact to the last detail." Sixteen inches in diameter, it revolves on a walnut stand. Price: $155.

Or you might consider giving

a barometer. Abercrombie & Fitch (New York, Chicago, and San Francisco) has a number of them, ranging from $11.75 to $75. Also available are barometer-thermometer combinations.

Some other possibilities:

¶ A plant for the doctor's desk or reception room. Macy's, New York, has some handsome varieties, in brass containers, for less than $15. The store suggests that you choose "sturdy types that need only artificial light."

¶ Sterling-silver Paul Revere bowls, for use in the office reception room or in living or dining rooms, can be bought in many shops, from $25 to $200.

*Gifts for the office only.* If you know your man well enough to chance a purely office gift, Lord & Taylor's "doctor-patient" desk set may be what you're after. The gimmick: It has two pens, "so the patient can make notes, too." It sells for $35.

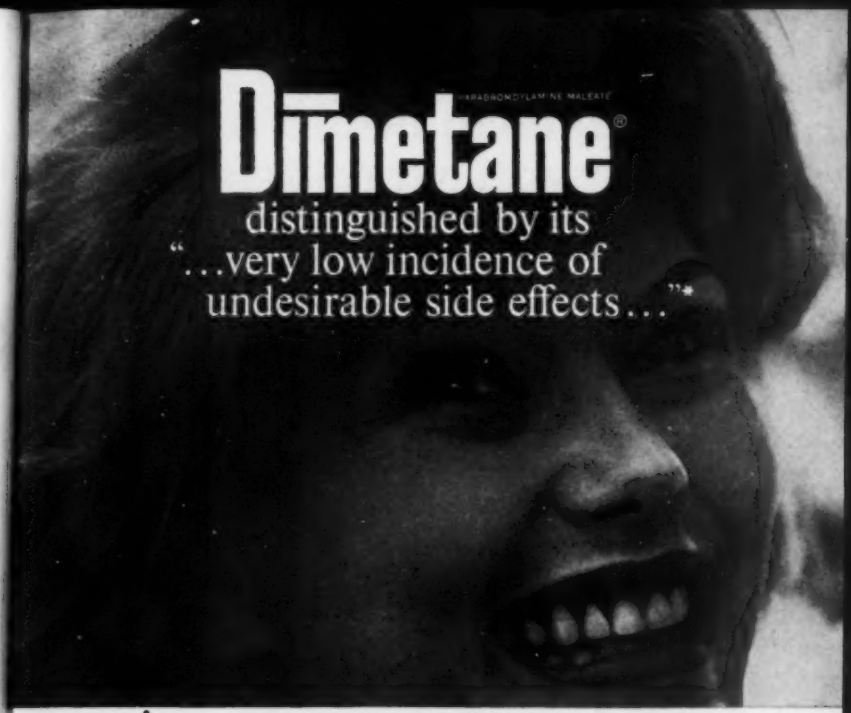
Gump's, San Francisco, sells a "diagnostic figure" that might hit the right man's sense of humor. It's a small reclining nude, carved in ivory. With it comes an explanatory card: "Propriety does not permit Chinese ladies to disrobe before a man doctor. In order to meet this restriction, the Chinese doctor . . . passes this nude female figure to the patient with the request, 'Point to where it hurts.'" Price (depending on size): $37.50 to $125.

Other ideas to consider:

¶ Pictures the doctor can hang on his office walls. Prices start at $5, including frame.

¶ Subscriptions to magazines. Why not choose something out of the ordinary? One interesting possibility: the English-language edition of France's famous, beautifully printed Réalités magazine. (You can order it from Réalités, 301 Madison Avenue, New York 17, N.Y., at $15 a year for twelve issues.)

*Gifts for the home.* Since it's often hard for an outsider to know much about the taste of a family group, your best bet may be an impersonal present like a basket of fruit. New York City's Charles & Co. is one of many concerns throughout the nation that sell a wide variety; Charles' fruit baskets begin at $9.50. Or you can take advan-




## even in allergic infants



FROM A CLINICAL STUDY* IN ANNALS OF ALLERGY

| | |
|---|---|
| Patients | 200 infants and children, ages 2 months to 14 years |
| Diagnosis | Perennial allergic rhinitis |
| Therapy | Dimetane Elixir |
| Results | in 149, *good* results / in 40, *fair* results |
| Side Effects | Encountered in *only* 7 patients (in all except one, the side effect was mild drowsiness) |

In allergic patients *of all ages,* Dimetane has been shown to work with an effectiveness rate of about 90% and to produce an exceptionally low incidence of side effects. Complete clinical data are available on request to the Medical Department. *Supplied:* DIMETANE Extentabs® (12 mg.), Tablets (4 mg.), Elixir (2 mg./5 cc.), new DIMETANE-TEN Injectable (10 mg./cc.) or new DIMETANE-100 Injectable (100 mg./cc.).

*MC GOVERN, J. P., MC ELHENNEY, T. R., HALL, T. R., AND BURDON, K. D.: ANNALS OF ALLERGY 17:918, 1959.

Robins

**A. H. ROBINS CO., INC., RICHMOND 20, VIRGINIA / ETHICAL PHARMACEUTICALS OF MERIT SINCE 1878**

XUM

tage of Charles' Fruit-of-the-Month plan. A subscription to it will provide your doctor-beneficiary with a monthly package of peak-of-the-season fruit for eight months. Cost: $39.

Other seasonal delicacies you can order by mail or at shops in most cities include such gourmet delights as smoked whole turkey. The turkey usually retails at around $1.75 a pound (for ten to twenty pounds).

If you know the doctor and his family well, you may want to give something with a more personal touch. In that case, consider one of the following items, which can be easily found in almost any city:

¶ A handsome picnic hamper or a well-fitted picnic service in a wicker hamper. (Abercrombie & Fitch have some beauties of the latter type at $45.)

¶ An outdoor grill ($17.50 for the simplest version; $62 for one equipped with a battery-powered spit and blower).

¶ A tool kit for the home workshop (about $35) or non-rusting tools (around $40) for the family with a boat.

¶ An infra-red broiler (you can get a very good one for less than $100).

¶ Electric ice-crusher, knife-sharpener, or can-opener (all under $25).

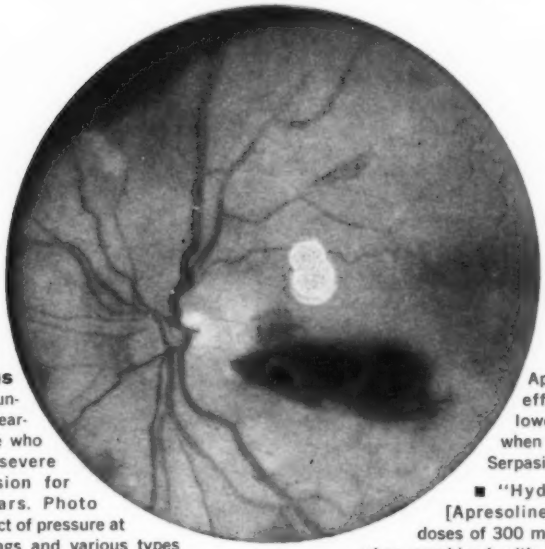
*Personal gifts.* Naturally, you can always give your colleague something for himself: a set of cuff links, say, or an article of clothing (*not* a tie, though, unless he has often admired yours). But professional shoppers warn that before you settle on such an item, you'd better be certain you know the recipient's size and tastes. Otherwise, the gift may end up in the store where you bought it. (That's why it's unwise to have personal gifts monogrammed or engraved; once they're marked, they can't be exchanged.)

Shoppers suggest, too, that you avoid presents aimed at pleasing a connoisseur's trained eye. The doctor whom you've seen snapping pictures isn't necessarily a camera fan. And the true connoisseur may find you far from expert in his field.

You can avoid most pitfalls by picking an imaginative gift like one of these:

¶ A German-made ball-point

# When blood pressure must come down



**AS IN THIS CASE:**[1] Fundus of 62-year-old female who has had severe hypertension for many years. Photo shows effect of pressure at a-v crossings and various types of hemorrhage.

■ When you see eyeground changes like this—with such hypertensive symptoms as dizziness and headache—your patient is a candidate for Serpasil-Apresoline. With this combination the antihypertensive action of Serpasil complements that of Apresoline to bring blood pressure down to near-normal levels in many cases. Side effects can be reduced to a minimum, since Apresoline is effective in lower dosage when given with Serpasil.

■ "Hydralazine [Apresoline] in daily doses of 300 mg. or less, when combined with reserpine, produced a significant hypotensive effect in a large majority of our patients with fixed hypertension of over three years' duration."[2]

Complete information sent on request.

**SUPPLIED:** **Tablets #2** (standard-strength), each containing 0.2 mg. Serpasil and 50 mg. Apresoline hydrochloride. **Tablets #1** (half-strength), each containing 0.1 mg. Serpasil and 25 mg. Apresoline hydrochloride.

**REFERENCES:** 1. Bedell, A. J.: Clin. Symposia 9:135 (Sept.-Oct.) 1957. 2. Lee, R. E., Seligman, A. M., Goebel, D., Fulton, L. A., and Clark, M. A.: Ann. Int. Med. 44:456 (March) 1956.

**SERPASIL®-APRESOLINE®** CIBA SUMMIT, N. J.

**hydrochloride**

(reserpine and hydralazine hydrochloride CIBA)

**Rx New SER-AP-ES™ to simplify therapy of complicated hypertension**

**SER-AP-ES Tablets,** each containing 0.1 mg. Serpasil, 25 mg. Apresoline hydrochloride, 15 mg. Esidrix / SERPASIL® (reserpine CIBA) / APRESOLINE® hydrochloride (hydralazine hydrochloride CIBA) / ESIDRIX® (hydrochlorothiazide CIBA)

2/3832 MK

pen that throws a beam of light on the writing surface so that the user can take clear, legible notes, even in total darkness. One vendor (Gift Ideas, P.O. Box 3976, Cleveland 20, Ohio) sells the pen, complete with battery and bulb, for $4.95.

• Philco's miniature portable television set (around $250 at all Philco dealers).

• A travel-size radio. Neiman-Marcus sells a small Sony transistor set for $30.85, as well as an even smaller model, about the size of a cigarette pack, for $36.

• A slender traveling case—up to two-suiter size—that can be carried on a plane and parked under the seat. (From $15, at any department or luggage store.)

• A traveling bar. Saks Fifth Avenue in New York offers a wide variety of these that include bottle, shot glasses, corkscrew, etc., at $14.95 to $49.50.

• A flat, pin-seal evening wallet (for about $12.50).

¶ Caduceus-design cuff links of 14-karat gold from Gump's, at $50.

*Gift packets.* Do you like the idea of a gift certificate that lets the physician pick his own present? Most stores will be happy to sell you one for almost any amount. But such certificates have a big drawback: They come perilously close to being cash.

Here, too, the nation's merchants have an answer. A variation on the gift certificate, it's called a gift packet and usually consists of an assortment of pictures and descriptive text that gives your doctor-colleague a choice of articles to select from. Ordering is by code number; no prices are mentioned.

The version offered by The J. L. Hudson Company of Detroit, the "Gift Selector," costs you $5, $7.50, $12.50, $17.50, $25, or $50. The store sends your colleague pictures and descriptions of two dozen gifts.

The variety is wide. At $12.50, it ranges from a cowhide portfolio case to a Dial-A-Rain lawn sprinkler. At $25, your doctor-beneficiary can choose among two dozen items ranging from a wool flannel robe to a clock radio.

You can buy a similar packet from Select-a-Gift, a division of



Measured food, but not austere. Lemon juice salad dressing, bouillon, fruit ice add few carbohydrates, much appeal.

# The secret of a successful diabetic diet is acceptance

Pleasing variety is possible in the diabetic's diet. With few exceptions, his menu can include satisfying amounts of most popular foods. Using exchange lists, imaginative meals can be planned that gain his fullest acceptance and co-operation.

Stews, chowders, soups, spaghetti and meat balls —many such tempting dishes can be adapted to a measured diet. Water-packed fruits, sugar-free preserves, sorbitol ice cream replace forbidden sweets. Low-calorie wafers and raw vegetables can be included for party nibbling.



With your approval, a glass of beer might be planned to add zest to your patient's diet.

C 9.4 Gm; P 0.8 Gm; F 0 Gm; Cal. 104/8 oz. (Average of American Beers)

United States Brewers Foundation

If you'd like reprints of this and 11 other different diet menus for your patients, write United States Brewers Foundation, 535 Fifth Avenue, N. Y. 17, N. Y.

EBSCO Industries, Birmingham, Ala. The company will send the doctor you name a gift certificate offering a selection of gifts, for from $2 to $500.

A good gift needn't be an *object*. In a recent letter to MEDICAL ECONOMICS, a Washington, D.C., physician commented as follows:

"For thirty years I gave this or that gift in exchange for professional courtesy. I ran the gamut of gift boxes of fruit, cheese, smoked turkeys. Now I've hit on a new course that makes more sense to me. If I can find out what charity interests the doctor, I send it a check in his name."

A similar idea has been tried by a California physician and his hospital administrator. Together, they've worked out a letter that's sent to doctors and others who have received professional courtesy. "Our letter points out the needs of the hospital," says the doctor, "and suggests a gift in the name of the doctor who gave free treatment. For example, if the doctor has made a pledge toward the hospital's building fund, such contributions can help him pay it off."

Or your colleague might appreciate a chance to help medical progress overseas. If you think he would, you can mail a check to CARE, Inc., 660 First Avenue, New York 16, N.Y. Include the name and address of the doctor for whom you're making the gift, so CARE can inform him of it. You can also instruct CARE how to use some of the gifts.

For example, for $10, a first-aid kit will be sent to any one of sixteen countries ranging from Colombia to Vietnam; for $35, a medical aid package. Or, if you prefer, you can earmark your check for CARE's world-wide Medical Fund. CARE can't say in advance to which foreign doctor or hospital the money will go. But the recipient will be given the name and address of your doctor-colleague.

You'll probably never find the *perfect* answer to the question of how to say thanks for professional courtesy. But the suggestions given here should at least help you fit the thank you to the recipient. END


I know I can
count on it
a reservoir of dependable performance
Terramycin® therapy
BRAND OF OXYTETRACYCLINE

*a reservoir of dependable performance– Terramycin® therapy*




*today's* pediatric *forms of Terramycin*

**Cosa-Terrabon®**

OXYTETRACYCLINE WITH GLUCOSAMINE

**ORAL SUSPENSION / PEDIATRIC DROPS**

*delicious fruit-flavored aqueous suspensions preconstituted for convenience and economy*

*Science for the world's well-being™*

Pfizer

PFIZER LABORATORIES
*Division, Chas. Pfizer & Co., Inc.*
*Brooklyn 6, New York*

## *IN BRIEF*

Cosa-Terrabon provides oxytetracycline (Terramycin®) with glucosamine for enhanced absorption. Because Cosa-Terrabon is preconstituted, stable, and unusually well accepted by children, waste of medication is largely avoided. The dependability of Cosa-Terrabon derives from the broad antimicrobial effectiveness, excellent toleration, and low order of toxicity of oxytetracycline.

**INDICATIONS:** Because oxytetracycline is effective against both gram-positive and gram-negative bacteria, rickettsiae, spirochetes, large viruses, and certain parasites (e.g., amebae, pinworms), Cosa-Terrabon is indicated in a great variety of pediatric infections due to susceptible organisms, e.g., infections of the respiratory, gastrointestinal and genitourinary tracts, surgical and soft-tissue infections, ophthalmic and otic infections, and many others.

**ADMINISTRATION AND DOSAGE:** For infants and children, 10 to 20 mg. of Terramycin per pound of body weight daily, in divided doses, is usually effective.

| wt. lbs. | daily dosage (10 mg./lb.) | practical daily dosage | |
|---|---|---|---|
| | | Oral Suspension 125 mg./tsp. | Pediatric Drops 5 mg./drop |
| 10 | 100 mg. | — | 5 gtt. q.i.d. |
| 20 | 200 mg. | ½ tsp. q.i.d. | 10 gtt. q.i.d. |
| 30 | 300 mg. | ½ tsp. t.i.d. and 1 tsp. h.s. | 15 gtt. q.i.d. |
| 40-50 | 400-500 mg. | 1 tsp. q.i.d. | — |
| 60 | 600 mg. | 1 tsp. t.i.d. and 2 tsp. h.s. | — |

**SIDE EFFECTS AND PRECAUTIONS:** Antibiotics may allow overgrowth of nonsusceptible organisms—particularly monilia and resistant staphylococci. If this occurs, discontinue medication and institute indicated supportive therapy and treatment with other appropriate antibiotics. Aluminum hydroxide gel has been shown to decrease antibiotic absorption and is therefore contraindicated. Glossitis and allergic reactions are rare. There are no known contraindications to glucosamine.

**SUPPLIED:** *Cosa-Terrabon Oral Suspension*—125 mg. per 5 cc. teaspoonful, bottles of 2 oz. and 1 pint; and *Cosa-Terrabon Pediatric Drops*—5 mg. per drop (100 mg. per cc.), 10 cc. bottle with calibrated plastic dropper. Terramycin is also available as *Cosa-Terramycin® Capsules*, 250 mg. and 125 mg.; and as *Terramycin Intramuscular Solution, conveniently preconstituted*, in the new 10 cc. multi-dose vial, 50 mg. per cc., and in 2 cc. prescored glass ampules, containing 100 mg. or 250 mg., packages of 5 and 100. In addition, a variety of other systemic and local dosage forms are available to meet specific therapeutic requirements.

***More detailed professional information available on request.***



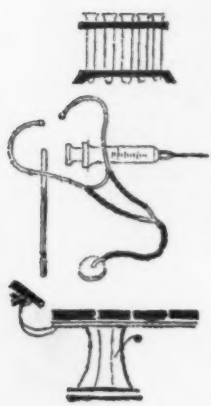
XUM

MEDICAL ECONOMICS' *Continuing Survey shows*

# *How your medical equipment*

Among those physicians who invested in new medical-surgical instruments and equipment last year, the median outlay was $450, MEDICAL ECONOMICS' Continuing Survey reveals. Half of the male, self-employed U.S. physicians who made outlays for such equipment spent more than that amount, and half spent less. The money went for items as large as X-ray machines and as small as stethoscopes.

The *average* amount spent on



## What doctors spend for equipment at various earnings levels

| Gross earnings | Equipment outlays: G.P.s | Specialists |
|---|---|---|
| $50,000 or more | $600 | $590 |
| 40,000-49,999 | 550 | 450 |
| 30,000-39,999 | 410 | 370 |
| 20,000-29,999 | 350 | 430 |
| Under $20,000 | 260 | 390 |
| All earnings levels | 430 | 470 |

**Figures, rounded to the nearest $10, represent median 1959 outlays for medical equipment of those male, self-employed U.S. physicians who reported any such outlays. Source: MEDICAL ECONOMICS' Continuing Survey.**

# costs compare

such capital items was $800—nearly twice the median. This sizable difference between the two figures indicates that a relatively small number of doctors spent handsome sums on professional hardware.

The expenditures cited in this article represent only out-of-pocket costs. (For a report on how much depreciation doctors claim on their medical instruments and equipment, see "How Your Professional Expenses Compare," in the Nov. 21 issue.) Bearing this in mind, let's look at some interesting variations:

¶ Partnership apparently leads to lower medical-equipment outlays for specialists, but not for G.P.s. One reason: G.P.s who combine practices tend to broaden the range of their services more than specialists do.

¶ Rural and suburban G.P.s get by with 20 per cent smaller equipment budgets than do city G.P.s. Rural specialists, though, spend half again as much on instruments, etc., as do their counterparts in town.

¶ Equipment purchases fall off as a practice matures. The typical G.P. cuts back his buying after ten years in practice;

## How equipment outlays decline over the years

| Years in practice | Equipment outlays | |
|---|---|---|
| | G.P.s | Specialists |
| 1-9 | $550 | $500 |
| 10-19 | 380 | 500 |
| 20 or more | 330 | 330 |
| All years | 430 | 470 |

Figures, rounded to the nearest $10, represent median 1959 outlays for medical equipment of those male, self-employed U.S. physicians who reported any such outlays. Source: MEDICAL ECONOMICS' Continuing Survey.



XUM

STOP THAT COUGH!

ROMILAR CF

The complete cough formula

Non-narcotic – No Rx required

Now in 3-oz bottles

ROCHE LABORATORIES

**WANT TO REACH RESIDENTS AND INTERNES?**

If you're looking for a new associate, selling a practice, or announcing something of special interest to young physicians, why not tell them about it in RISS?

Each month, this magazine is read by 27,500 residents, 9,500 internes, and many senior students. An announcement in the classified advertising section of RISS costs only $5 for the first three lines (about 20 words), $1.50 for each additional line (about 6-7 words). Write to RISS, Oradell, N.J.



## Equipment outlays in four major specialties

| Specialty | Equipment outlays |
|---|---|
| General surgery | $440 |
| Internal medicine | 560 |
| Obstetrics & gynecology | 420 |
| Pediatrics | 330 |
| All specialties | 470 |

Figures, rounded to the nearest $10, represent median 1959 outlays for medical equipment of those male, self-employed U.S. physicians who reported any such outlays. Source: MEDICAL ECONOMICS' Continuing Survey.

the specialist, after twenty years.

Internists buy the most medical equipment. Typically, they spend $90 more than the median amount spent by all specialists. At the other extreme, pediatricians' expenditures for such equipment are $140 below the median. END

THIS ARTICLE *is copyrighted © 1960 by Medical Economics, Inc., Oradell, N.J. It may not be reproduced, quoted, or paraphrased in whole or in part in any manner whatsoever without the written permission of the copyright owner.*

# DORIDEN: MORE SUITABLE FOR MORE PATIENTS FOR MORE SATISFYING SLEEP



Doriden offers sound, restful sleep for patients who are sensitive to barbiturates, elderly patients, patients with low vital capacity and poor respiratory reserve and those who are unable to use barbiturates because of hepatic or renal disease. Onset of sleep with Doriden is smooth and gradual, usually with no preliminary excitation. Doriden acts within 30 minutes, and sleep lasts for 4 to 8 hours. Except in rare cases, no "hangover" or "fog," because Doriden is rapidly metabolized. SUPPLIED: *Tablets*, 0.5 Gm., 0.25 Gm. and 0.125 Gm.

*Complete information sent on request.*

DORIDEN®
(glutethimide CIBA)

CIBA
SUMMIT, N. J.

# Lifts depression...



**You see an improvement within a few days**
Thanks to your prompt treatment and the smooth action of Deprol, her depression is relieved and her anxiety and tension calmed – *often in a few days.* She eats well, sleeps well and soon returns to her normal activities.



# ... as it calms anxiety!

## Smooth, balanced action lifts depression as it calms anxiety... rapidly and safely

**Balances the mood – no "seesaw" effect of amphetamine-barbiturates and energizers.**

While amphetamines and energizers may stimulate the patient – *they often aggravate anxiety and tension.*

And although amphetamine-barbiturate combinations may counteract excessive stimulation – *they often deepen depression.*

In contrast to such "seesaw" effects, Deprol's smooth, *balanced* action lifts depression as it calms anxiety – both at the same time.

**Acts swiftly – the patient often feels better, sleeps better, within a few days.**

Unlike the delayed action of most other antidepressant drugs, which may take two to six weeks to bring results, Deprol relieves the patient quickly – often within a few days. Thus, the expense to the patient of long-term drug therapy can be avoided.

**Acts safely – no danger of liver damage.**

Deprol does not produce liver damage, hypotension, psychotic reactions or changes in sexual function – frequently reported with other antidepressant drugs.

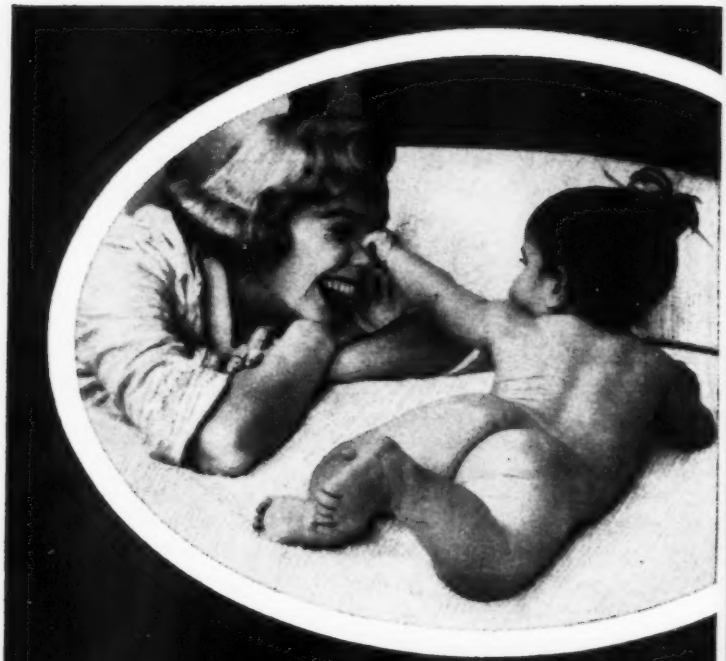
**Dosage:** Usual starting dose is 1 tablet q.i.d. When necessary, this dose may be gradually increased up to 2 tablets q.i.d.

**Composition:** 1 mg. 2-diethylaminoethyl benzilate hydrochloride (benactyzine HCl) and 400 mg. meprobamate. **Supplied:** Bottles of 50 light-pink, scored tablets. Write for literature and samples.

**Deprol**®

WALLACE LABORATORIES *Cranbury, N. J.*

XUM



happy mother, cheerful baby

because their physician has kept
her baby well nourished, healthy—and

**free from diaper rash**

*with* **DESITIN®**

**OINTMENT**

Protects against irritation of urine and excrement; markedly inhibits ammonia-producing bacteria; soothes, lubricates, stimulates healing.

For samples of Desitin Ointment, pioneer external cod liver oil therapy, write...

**DESITIN CHEMICAL COMPANY**
812 Branch Avenue, Providence 4, R.I.

# Financial briefs

*Medical Economics, December 5, 1960*

SUPPOSE YOU TELL THE I.R.S. about a past error you've made in reporting interest or dividends. What treatment can you expect? "Utmost leniency," says an I.R.S. spokesman, if the mistake was caused by a misunderstanding of the law. Tax advisers take this to mean you'll pay only the back taxes, plus 6 per cent interest. No fraud or negligence penalties.

---

HOW WELL HAVE THE MUTUAL FUNDS HELD UP in this year's faltering market? Very well indeed, according to Barron's latest survey of 169 funds. While they dropped an average of 1.8 per cent in the year ended Oct. 1, the Dow-Jones Industrials slid 8.2 per cent. And nearly one-third of the funds actually showed a net gain for the period.

---

IF YOU'RE SELLING A STOCK to establish a tax loss, don't let your wife buy stock in the same company within thirty days. If she does, the I.R.S. will rule that the whole deal was a "wash sale" and disallow the tax loss.

---

LOOK INTO BERMUDA-BASED INVESTMENT FUNDS as a new tax-saving opportunity. Two funds dealing in European securities have already been set up: United International Fund and Electronics International Capital. Their Bermuda taxes are quite low, and they can reinvest income instead of paying dividends. This means the

U.S. investor pays no current taxes. And he's taxed only at the low capital-gains rate if he sells his shares at a profit.

---

WHAT TAX-SAVING DEVICE is likely to help you the most? Gifts to your family and others, judging by the answers of 746 doctors recently queried by this magazine.

---

ONE WAY YOU CAN HEDGE against devaluation is by investing in antique furnishings and art. Monetary Expert Franz Pick reports that Louis XV and Louis XVI furniture went up nearly 200 per cent in the last two years. Antique rugs and tapestries shot up even faster. Demand for such items will mount steadily, regardless of economic conditions, Pick predicts.

---

KEEP YOUR HOME MORTGAGE AS BIG AS POSSIBLE if you ever plan to move, advises the American Bankers Association. The bigger the mortgage, the easier it'll be to sell the house. Also, a big mortgage can free money for other uses.

---

YOU CAN DEDUCT FOR ANY TREES DESTROYED by this year's storms, the I.R.S. says, and you're not limited to their original cost. You base the deduction on the reduced value of your property as a whole, less any insurance payment. But be sure to get an expert appraisal of the loss.



XUM



# A TRUE SOLUTION FOR FAST RELIEF OF RHINITIS...

# NEO-HYDELTRASOL®

PREDNISOLONE 21-PHOSPHATE WITH PROPADRINE®, PHENYLEPHRINE AND NEOMYCIN

NASAL SPRAY

■ The only nasal spray with prednisolone 21-phosphate in true solution—to make more steroid available more promptly ■ The complementary activity of 2 nasal decongestants—Propadrine® and phenylephrine ■ The potent, quick-acting antibiotic—neomycin . . . with minimal 'rebound' engorgement ■ Supplied in 15 cc. plastic spray bottles ■ Neo-Hydeltrasol and Propadrine are trademarks of Merck & Co., Inc.

MSD MERCK SHARP & DOHME
Division of Merck & Co., Inc., West Point, Pa.



XUM

*Even though a liability, life, or property insurance policy has lapsed, it may still have certain values you're not aware of. So at least for the periods set forth here . . .*

# Hang onto those old insurance policies!

*By Bion H. Francis*

Shocked, you stare at the summons in your hands. You can't remember the accident involved in the suit against you. You can't even find the insurance policy that might cover it.

At long last, you vaguely recall an occasion when you were in a line of traffic, the driver ahead of you stopped suddenly, and you tapped his rear bumper. The two of you got out to look and agreed there was no damage. The incident, which happened years ago, slipped from your mind.

But his wife was also in the car, and now she's suing you. She claims to have had a succession of backaches since then. Can she still sue you? Apparently, she can.

But where's your old automobile liability policy? Your present contract doesn't cover accidents that happened before it was issued. *Where* is the old one?

Unfortunately, you've thrown it away. What's more, you switched agents some time ago. And you've forgotten the name

THE AUTHOR *is an independent insurance consultant in New England.*

of the other man as well as of the company he insured you with.

Do you get my point? It's an obvious one: Always hang onto old policies until you're *absolutely sure* you won't need them again. And keep them in a place where they can be easily found.

Here's what to do with your various policies after they've lapsed:

*Liability insurance.* All such policies (including malpractice, automobile, general liability, and homeowner's contracts) should be kept in your office files until possible suits are outlawed by the statute of limitations. This period varies from one to six years, depending on where you live. If you've forgotten your state's limit, you might as well assume it's six years. No harm done if you hold onto a policy longer than you need to.

Note that the statute of limitations doesn't begin to run against a minor until he becomes of age. So if there's any chance of a child's having been involved in an accident with you, the covering policy should be kept for a period of the statute



## How long—and where—to keep insurance

| Type of policy | Keep for |
|---|---|
| Property insurance | A few months after the end of the policy period |
| Liability insurance | The period of the statute of limitations plus 21 years |
| Workmen's compensation insurance | The period of the statute of limitations plus 21 years, minus the youngest age at which minors can work in your state |
| Employe bonds and forgery insurance | Until end of "discovery period" of last policy or bond |
| Life insurance | As long as the insured lives |
| Disability insurance | As long as insurance is carried |
| Any policy under which a claim has been made or a suit started | Until the claim or suit has been settled |

*Since your safe-deposit box may be temporarily sealed at your death, you may want to keep life policies that are still in force in a strongbox at home.

## policies

| | Where |
|---|---|
| | A location away from the property protected, along with inventories and supporting material |
| | Office files |
| | Office files |
| | Office files |
| | Safe-deposit box* |
| | With life insurance |
| | Safe-deposit box |

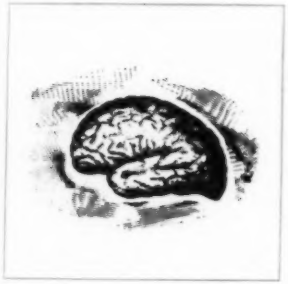
of limitations plus twenty-one years. (Perhaps you should even add nine months to that figure, since an action can be sustained for an unborn child.)

*Property insurance.* Policies that protect you against loss to your own property can be discarded at the end of the policy period. But first make sure there haven't been any losses that might be covered by the policy.

*Workmen's compensation insurance.* Compensation policies should also be kept in your office files for the period of the statute of limitations plus the requisite number of extra years for any minors you employ. And if you suspect that any youngster might have lied about his age in order to work for you, play safe by holding onto the covering policy for an additional year or two.

*Employe bonds and forgery insurance.* Losses resulting from dishonesty or forgery can sometimes continue for years before they're discovered. The problem of retaining such bonds is simplified by the fact that they're usually "continuous." That is, the same bond remains

# 4 essential actions in a single tablet to simplify treatment of the hypertensive complex



**CENTRAL ACTION OF SER-AP-ES:** SER-AP-ES acts centrally to inhibit or block the outflow of sympathetic vasopressor substances. In addition, Ser-Ap-Es improves cerebral vascular tone.



**RENAL ACTION OF SER-AP-ES:** Ser-Ap-Es increases renal blood flow, thereby halting or reversing the ischemic process in advancing hypertension. The increase in urine volume and sodium and chloride excretion which occurs with Ser-Ap-Es therapy also benefits the hypertensive patient.

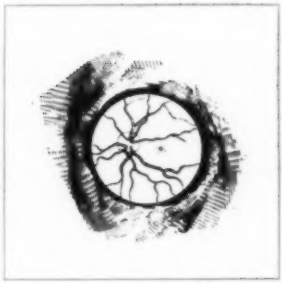
SERPASIL® (reserpine CIBA)
APRESOLINE® hydrochloride (hydralazine hydrochloride CIBA)
ESIDRIX® (hydrochlorothiazide CIBA)

# Ser-Ap-Es®

(Serpasil® + Apresoline® + Esidrix®)

Inclusive single-tablet antihypertensive





CIBA
SUMMIT · NEW JERSEY

**CARDIAC ACTION OF SER-AP-ES:** Ser-Ap-Es has a beneficial effect on the hypertensive heart; diastole is prolonged, and there is a decrease in both heart rate and cardiac output—which combine to ease the strain on the overworked myocardium.

**VASCULAR ACTION OF SER-AP-ES:** Ser-Ap-Es opposes the action of pressor substances on the vasculature. In addition, Ser-Ap-Es makes the vasculature less responsive to circulating vasopressor amines and more responsive to the antipressor components of the combination tablet.

**Supplied:** SER-AP-ES *Tablets*, each containing 0.1 mg. Serpasil, 25 mg. Apresoline hydrochloride, and 15 mg. Esidrix. *Complete information sent on request.*

in force as long as premiums are paid.

When such a bond is discontinued, it still covers losses that occurred when the bond was in force—*if these losses are reported to the bonding company within the "discovery period" stipulated in the bond.* Such a bond should obviously be retained until the end of the discovery period.

And the expired bond should be retained even after the end of the discovery period if it was replaced by another bond. Why? Because if a loss under the earlier bond doesn't turn up until after the discovery period, the replacement bond covers the loss subject to the terms of *both* bonds. In this situation, you might have to produce the earlier bond in order to settle.

So the best practice is to hold all bonds in your office files until at least the end of the discovery period of the last bond you've carried.

*Life insurance.* It sometimes happens that even after you've canceled life insurance, it has values you're not aware of. For this reason, it's a good idea to keep all such policies as long as the insured lives.

The best place to store them is in your safe-deposit box. In addition, you should write out directions to help others answer the question, "Where's that policy?"

*Disability insurance.* The same disability policy may be kept in force over a period of years simply by payment of premiums. Thus, the policy should be retained as long as it's in force.

Disability policies should be stored with your life insurance, which may also provide disability protection. Doing so will facilitate the work of anyone who might have to make a claim when you're incapacitated. Here, too, it's a good idea to prepare a memo telling where your policy is.

*Any policy under which a claim has been made.* The statute of limitations limits the period during which legal actions can be *started.* Once a claim has been made or a legal action started, the appropriate policy should be kept until the claim or legal action is finally



XUM



With Tampax, women can enjoy active fun . . . feel as comfortable and safe as at any other time of the month.

*Millions of women have used billions of Tampax.*
*Invented by a doctor for the benefit of all women*
*. . . married or single, active or not.*
*Proved by over 25 years of clinical study.*

Tampax® internal sanitary protection is made only by Tampax Incorporated, Palmer, Mass.
Samples and literature will be sent upon request to Dept. ME-1250

TAMPAX

SO MUCH A PART OF HER ACTIVE LIFE

XUM

aspirin buffered with the most widely-prescribed antacid...




in long-term administration, as in Arthritis,
when aspirin combined with an antacid is desired:

Specify **Ascriptin**® RORER
the aspirin buffered with the best

To prevent or minimize gastric distress which often accompanies prolonged or high level administration of acetylsalicylic acid. ASCRIPTIN provides aspirin in combination with MAALOX®, the preferred professional antacid. The recognized superiority of MAALOX makes ASCRIPTIN a superior aspirin-antacid, with the virtues of buffered aspirin and with the added distinction of being promoted professionally only.

Indicated wherever salicylates are useful, ASCRIPTIN is particularly suited to the long-term requirements of your arthritic patients.

*Supplied:* Bottles of 100 and 500 tablets. For severe pain—Capsules ASCRIPTIN with Codeine (codeine phosphate 15 mg.), bottles of 50.

WILLIAM H. RORER, INC. PHILADELPHIA, PENNSYLVANIA

XUM

terminated—regardless of the statute of limitations.

The policy should be safeguarded, too. So your safe-deposit box is the best place for you to keep it. END

### Aged M.D. can buy life insurance at high prices

Old Dr. Doyen was 90 before he decided to buy life insurance. And then, full of worry about how his dependents would support themselves and still pay taxes on his estate, he wanted it in a hurry. But at the time—several years ago—he could find few carriers that would insure a man older than 70, and none at all that would go above 80. Dr. Doyen was out of luck.

He wouldn't be today. Insurers have been upping their age limits. And now at least one company will sell life insurance to any doctor or patient under 97. It'll also insure persons who are in very poor health or who work at very dangerous jobs.

How can the company (Standard Security Life of New York) afford to do this? It charges a premium rate proportionate to the risk it assumes. So Dr. Doyen at 90 would have to pay a yearly premium of $363 for every $1,000 of his policy's face value. At 96, he'd have to pay $772 a year on every $1,000. In contrast, a man of 35 would have to pay only $19 a year on every $1,000 for a comparable policy.

### Term insurance gives you (not insurers) money to invest

If you're like many of your colleagues, you've bought some term insurance. You've done so because it provides your family with just as much financial protection in the event of your death as more expensive policies provide. And since it costs less, it frees some of your funds for other immediate purposes, such as investing. Anything wrong with that?

Probably not from your point of view. But the trend toward term insurance means less money for the life insurance companies to invest. And that may be bad for the national economy, according to James J. O'Leary, economic research director of

NEW
CHEMICAL
SUPERIOR
SURFACTANT
SOFTENER

SURFAK

Supplied:
Surfak 240 mg. capsules—bottles of 15 and 100.
Surfak 50 mg. capsules—bottles of 30 and 100.

LLOYD BROTHERS, INC.
CINCINNATI 3, OHIO

STOP THAT COUGH!

ROMILAR CF

The complete cough formula

Non-narcotic - No Rx required

Now in 3-oz bottles

ROCHE LABORATORIES



the Life Insurance Association of America.

"A strong shift has taken place in the 'product mix' of life insurance," O'Leary notes. The trend is "toward term and away from permanent cash value insurance." Thus the accumulation of life insurance savings has slowed down. Such savings were increasing at an annual rate of 6.9 per cent in 1954, only 5.3 per cent in 1959.

Does this decline hurt anyone besides the life insurance companies? Yes, O'Leary suggests. Such savings used to provide more than half the new money put into industrial bonds, plus a large part of the money invested in business and residential mortgages. So the trend toward term "is not a happy prospect in view of the great needs which lie ahead for the sound financing of economic growth." END

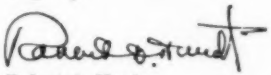
help your HEART FUND
help YOUR heart

# Armour Pharmaceutical Company extends its thanks to the profession

In the several months since the introduction of our new oral systemic anti-inflammatory enzyme tablet, Chymoral, we have received some very encouraging comments from the profession regarding its clinical success in the enzymatic management of inflammatory processes. We would like to extend our thanks to those who have already used and commented on Chymoral. Since we are deeply interested in extending our knowledge of the therapeutic range of this new product, we will welcome any further comments you may want to make. To those who have not yet used Chymoral, we extend an offer to give it a therapeutic trial.

The therapeutic and prophylactic effects of Chymoral include anti-inflammatory, antiedematous and mucolytic activities.[1-6] It liquefies thick secretions in bronchitis and in asthma with bronchitis; eases the racking cough of emphysema and increases elimination of bronchial secretion; cuts healing time in accidental or surgical trauma; is a useful adjunctive therapy in inflammatory dermatoses; encourages healing in gynecologic conditions; reduces pain and swelling and thus promotes faster healing in urologic conditions; and reduces the extent of inflammatory changes in ophthalmic and otorhinolaryngic conditions.

We are very pleased indeed that the product has found a useful place in the range of therapeutic tools available to the doctor for management of the inflammatory process. Armour feels that enzymes are a new and exciting development in anti-inflammatory therapy; one which may well carry chemotherapeutics forward a long step.



Robert A. Hardt
President

1. Beck, C.; Levine, A. J.; Davis, O. F., and Horwitz, B.: Clinical Studies with an Oral Anti-inflammatory Enzyme Preparation. Clin. Med. 7:519, 1960. 2. Billow, B. W.; Cabodeville, A. M.; Stern, A.; Palm, A.; Robinson, M., and Paley, S. S.: Clinical Experience with an Oral Anti-inflammatory Enzyme for Intestinal Absorption. Southwestern Med. 41:286, 1960. 3. Teitel, L. H.; Seigel, S. J.; Tendler, J.; Reiser, P., and Harris, S. B.: Clinical Observations with Chymotrypsin in 306 Patients. Indust. Med. & Surg. 29:150, 1960. 4. Clinical Reports to the Medical Dept., Armour Pharmaceutical Company, 1959. 5. Reich, W. J., and Nechtow, M. J.: Scientific Exhibit, Chicago Medical Society (March) 1960. 6. Taub, S. J.: Paper presented Annual Meeting Pi Lambda Kappa Medical Fraternity, Miami, Florida (March) 1960.

ARMOUR PHARMACEUTICAL COMPANY • KANKAKEE, ILLINOIS
*Armour Means Protection*
©1960, A. P. Co.

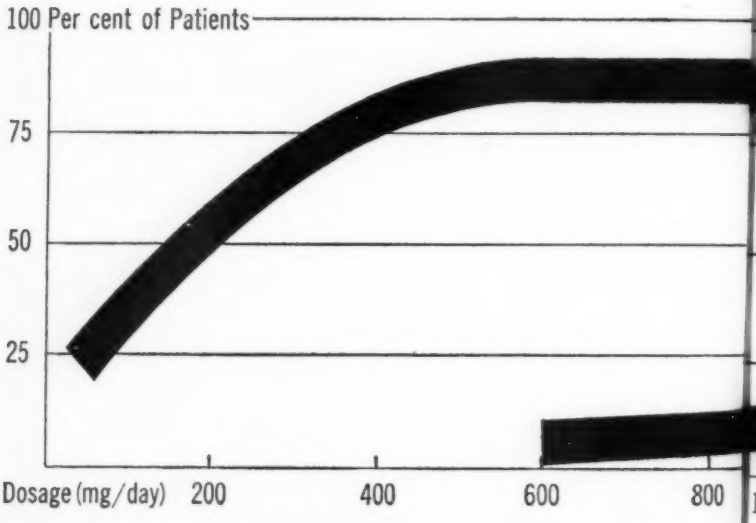
# DORNWAL T.M.

brand of amphenidone

## a nonsedative tranquilizer that works

## greater therapeutic effectiveness with lowest incidence of side effects

**clinical effectiveness of Dornwal***



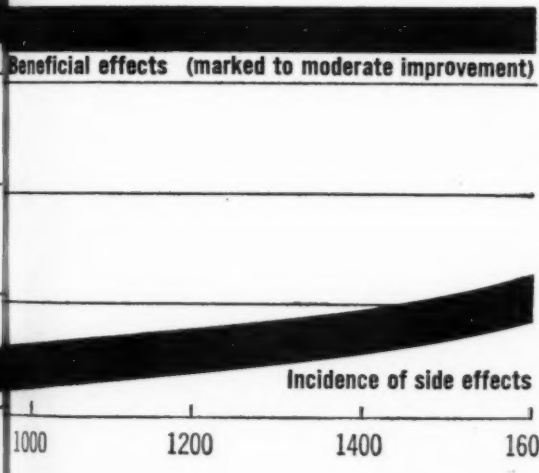

**Causes virtually no drowsiness or depersonalization**

## $2\frac{1}{2}$ year progress report*

random groups of 30-60 patients

| generic name | clinical improvement (%) (marked & moderate) | incidence of side effects (%) |
|---|---|---|
| Amphenidone [Dornwal] | 81 | 16 |
| Fluphenazine (low doses only) | 75 | 16 |
| Chlorprothixene | 73 | 31 |
| Meprobamate | 67 | 30 |
| Methoxypromazine | 65 | 29 |
| Phenaglycodol | 62 | 46 |
| Chlormezanone | 61 | 31 |
| Benactyzine | 58 | 32 |
| Mephenoxalone | 52 | 25 |
| Phenobarbital | 37 | 10 |
| Inert placebo | 20 | 10 |

**Clinical Response and Side Effects — Deciding factors in your choice of a tranquilizer**




Prescribe Dornwal for patients who need a tranquilizer but can't afford to be drowsy. Write for trial supply.

*Nodine, J. H.; Bodi, T.; Slap, J.; Levy, H. A., and Siegler, P. E.: Human bioassay of tranquilizers in psychosomatic disorders, Scientific Exhibit, American Medical Association Annual Meeting, Miami Beach, Florida, June 13-17, 1960.

Dosage: One or two 200 mg. tablets three times a day. Children, age 6 to 16, one or two 100 mg. tablets two times a day. Administration limited to three months duration.

Supplied: 200 mg. yellow scored tablets, and 100 mg. pink tablets, each in bottles of 100 and 500.

No absolute contra-indications to the use of Dornwal are known. There have been no reports or evidence of habituation, addiction or drug tolerance in animal or clinical studies. Dornwal has proved to be relatively free from untoward effects when administered at recommended dosages.

**DORNWAL**

A NONSEDATIVE TRANQUILIZER THAT WORKS

Maltbie

MALTBIE LABORATORIES DIVISION
WALLACE & TIERNAN INCORPORATED
BELLEVILLE 9, NEW JERSEY, U.S.A.

resistant
staphylococci
among
outpatients
emerge
less
frequently...
disappear
more
readily

XUM

# CHLOROMYCETIN®

chloramphenicol, Parke-Davis

"Resistance to chloramphenicol was surprisingly infrequent (0-3%)" among strains of staphylococci isolated from outpatients over a 5-year period. It was impressive to note that less than 6% of 310 strains isolated from patients treated in the emergency room were resistant to CHLOROMYCETIN. Moreover, it would appear "...that chloramphenicol-resistant staphylococci disappear more readily after leaving the hospital environment."[1]

Goslings and Büchli[2] report that "...resistance was lost entirely after 3 months..." in the small percentage of patients who carried staphylococcal strains resistant to CHLOROMYCETIN. Numerous other investigators concur in the observation that staphylococcal resistance to CHLOROMYCETIN is of a low order.[3-8]

CHLOROMYCETIN (chloramphenicol, Parke-Davis) is available in various forms, including Kapseals® of 250 mg., in bottles of 16 and 100.

CHLOROMYCETIN is a potent therapeutic agent and, because certain blood dyscrasias have been associated with its administration, it should not be used indiscriminately or for minor infections. Furthermore, as with certain other drugs, adequate blood studies should be made when the patient requires prolonged or intermittent therapy.

*References:* (1) Bauer, A. W., Perry, D. M., & Kirby, W. M. M.: *J.A.M.A.* **173**:475, 1960. (2) Goslings, W. R. O., & Büchli, K.: *Arch. Int. Med.* **102**:691, 1958. (3) Goodier, T. E. W., & Parry, W. R.: *Lancet* **1**:356, 1959. (4) Fisher, M. W.: *Arch. Int. Med.* **105**:413, 1960. (5) Petersdorf, R. G., *et al.*: *Arch. Int. Med.* **105**:398, 1960. (6) Glas, W. W., in Symposium on Antibacterial Therapy, Michigan & Wayne County Acad. Gen. Pract., Detroit, September 12, 1959, p. 7. (7) Modarress, Y., Ryan, R. J., & Francis, Sr. C. E.: *J. M. Soc. New Jersey* **57**:168, 1960. (8) Rebhan, A. W., & Edwards, H. E.: *Canad. M. A. J.* **82**:513, 1960.

## IN VITRO SENSITIVITY OF COAGULASE-POSITIVE STAPHYLOCOCCI TO CHLOROMYCETIN FROM 1955 TO 1959*




These sensitivity tests were done by the disc method on 310 strains of coagulase-positive staphylococci. Strains were isolated from patients seen in the emergency room. It should be noted that among inpatients, resistant strains were considerably more prevalent.

*Adapted from Bauer, Perry, & Kirby[1]

10240

PARKE-DAVIS

PARKE, DAVIS & COMPANY • DETROIT 32, MICHIGAN

XUM

# *How to improve your hospital's training program*

*Do the young doctors grumble that they're being short-changed? Here's one physician's prescription for bolstering those 'ineffective' interneships and residencies*

*By Reuben Barr*

"In effect, I'm a glorified orderly, keeper of medical records, and whipping boy for administrators, nurses, and the visiting staff. I learn more medicine from journals than from my duties at the hospital. The cold fact is that attendings get more out of the interneship program than the internes do."

That's the charge one house officer levels against the training program at his hospital in a small Eastern community. His complaint isn't unique. Many internes and residents across the country are just as dissatisfied as he is.

Why? And, what can be done about them? To find out, I talked recently with Dr. Hilton S. Read, former director of interne and resident education at the Atlantic City Hospital. As founder and executive director of the Ventnor Foundation—which has helped over 500 hand-picked foreign graduates find U.S. interneships—Dr. Read gets first-hand accounts of what goes on in dozens of training programs. And he doesn't mince words.

In the following condensation of the tape-recorded interview, Dr. Read points out some of the flaws in our training system, and tells how it might be improved.

Q. Dr. Read, do you think the

common complaints about poor training programs are justified?

A. Most of them are valid. There are some hospitals that have absolutely no business being approved for interneship. Out of the 12,000 or so internships offered, we haven't got more than 6,000 really good ones in the country.

Q. Why do hospitals with inadequate training programs keep running them?

A. I think they try to get internes so the chiefs and the attendings can abdicate. They want to qualify young men as practicing doctors so the attendings can get out on the golf links. That's a strong indictment, I know. Many of these hospitals probably aren't even conscious of the situation. But their training programs suffer from it just the same. I think there are three things that bring on most of the house officers' complaints: self-seduction, lack of communication, and unawareness of changing times.

Q. Could you expand on those, one at a time?

A. They're all tied together, but I'll try. Let's start with self-seduction. Many community hospitals *think* they have a good training program because that's the way it looks on paper. They've got every little square on their training diagram neatly filled in with some educational feature. Every month, the hospital doctors pass a stack of ambitious resolutions and go home feeling they've done a good job. But no one bothers to see that these resolutions are put into action.

I got a good example of this in the mail today. It's a beautiful outline of the medical residency at a certain hospital in New Jersey. There must be thirty pages of it—all pure poppycock. I know that hospital. The residents won't have time to read the outline, let alone accomplish even 5 per cent of what it promises them.

Q. What about lack of communication?

A. To a large extent, this hinges on the men who do the teaching. Let's say a man is scheduled to give a surgical conference. He may come in late and ill prepared. It's an even bet



XUM

that he'll read a large portion of his "clinic" from a standard textbook or show a film supplied by some salesman. So when someone asks a question, he answers by saying, "Well, you look that up and tell me."

Or, instead of seeing the patient and outlining the proper treatment, he talks to the house officer on the phone and says, "Go ahead and do whatever you think best." There's no communication at all.

Another angle to this is the tendency of attendings to make galloping rounds. This type of attending orders, say, an I.V., and doesn't take time to explain the philosophy. So the interne who's assigned to do it feels he has been handed a piece of scut-work.

But if the chiefs and attendings would demonstrate by their own enthusiasm that such "scut-work" is an essential part of medical teamwork, at least 95 per cent of the carping would disappear.

Q. You've covered self-seduction and lack of communication. Where do "changing times" fit in?

A. We're in a materialistic age. It has become stylish to tear things down if there's no immediate value in them. Let's take an interne whose attending has ordered him to do a urinalysis. He'll do it, but he'll fuss about it because he sees it as scut-work that he doesn't learn anything from. The attending doesn't understand this attitude because, as he's fond of repeating, "In my day we had it a lot tougher."

But his day as an interne was twenty or thirty years ago. Times have changed. There's no longer the blind obedience there used to be. When a house officer asks a question today, the attending may find that his gray hairs are no guarantee that his answer will be accepted as gospel.

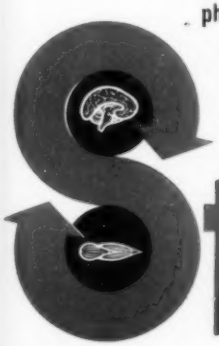
Q. How do you feel about this change in attitude? Is it good or bad?

A. I think it's healthier. But to cope with it, the attendings have to be on their toes. If they don't know an answer, they should look it up. They should forget the bad technique of telling the questioner to look it up,

# a new, improved, more potent relaxant for anxiety and tension

**effective in half the dosage required with meprobamate**

- **much less drowsiness than with meprobamate, phenothiazines, or the psychosedatives**
- **does not impair intellect, skilled performance, or normal behavior**
- **neither depression nor significant toxicity has been reported**



*alert tranquillity*

# Striatran®

EMYLCAMATE

- **a familiar spectrum of antianxiety and muscle-relaxant activity**
- **no new or unusual effects—such as ataxia or excessive weight gain**
- **may be used in full therapeutic dosage even in geriatric or debilitated patients**
- **no cumulative effect**
- **simple, uncomplicated dosage, providing a wide margin of safety for office use**

**STRIATRAN** is indicated in anxiety and tension, occurring alone or in association with a variety of clinical conditions.

**Adult Dosage:** One tablet three times daily, preferably just before meals. In insomnia due to emotional tension, an additional tablet at bedtime usually affords sufficient relaxation to permit natural sleep.

**Supply:** 200 mg. tablets, coated pink, bottles of 100.

While no absolute contraindications have been found for Striatran in full recommended dosage, the usual precautions and observations for new drugs are advised.

For additional information, write Professional Services, Merck Sharp & Dohme, West Point, Pa.

MSD MERCK SHARP & DOHME, DIVISION OF MERCK & CO., INC., WEST POINT, PA.

STRIATRAN IS A TRADEMARK OF MERCK & CO., INC.

or saying, "It's my clinical impression—based on years of experience—that . . ."

Q. In your opinion, Dr. Read, is there some practical way to correct the defects you've pointed out?

A. Every community hospital that wants to keep its training program should get a full-time salaried director of medical education. His main responsibility would be to see that the training program is well balanced, and that what's on paper is actually accomplished. He'd do some teaching himself, and he'd attend lectures to check on their quality.

Q. If all the community hospitals decided to do this, they'd need a lot of people in a hurry. Where would these directors come from?

A. I'd choose a man who was recently out of a good residency. He should have had a year or two of practice, and he should be board-eligible or, preferably, board-certified. I wouldn't mind if he did a little private practice. But he ought to be on the hospital premises eight to ten hours a day.

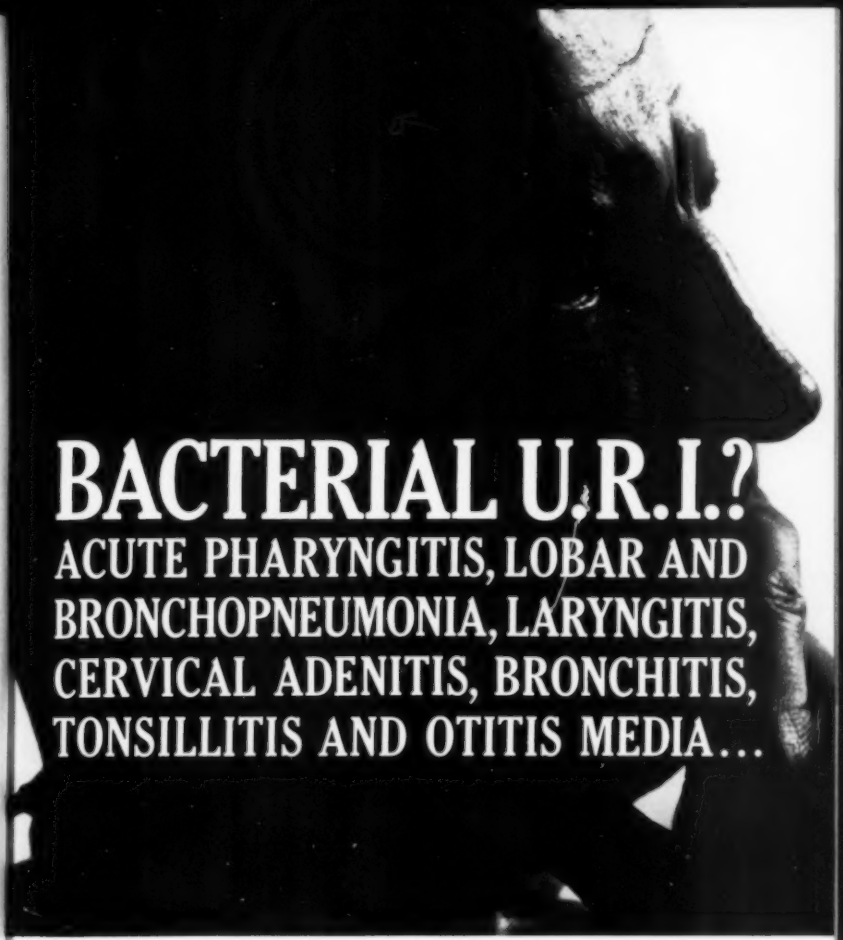
Q. Since you're suggesting a younger man for this job, wouldn't you expect a lot of friction when he tries to make changes that the attendings don't like?

A. Let's be realistic. He won't have jurisdiction over the attendings. Those sclerotic old doctors wouldn't stand for it. But I don't think the director would need a club. I believe that a silk glove can do more for the successful administration of a training program than a shillelagh. For instance, if the director thinks a lecturer is ineffective, he should simply arrange —very tactfully—for someone else to give the lecture next time.

Q. Aren't there many hospitals that couldn't afford to hire a full-time director?

A. They'd probably have to pay him around $12,000 a year. That's what many are paying now. But it's worth it. Having such a man would help the hospitals *save* money by seeing that there was a minimum of costly long-term bed occupancy by service patients.

Q. Dr. Read, do you think



# BACTERIAL U.R.I.?

## ACUTE PHARYNGITIS, LOBAR AND BRONCHOPNEUMONIA, LARYNGITIS, CERVICAL ADENITIS, BRONCHITIS, TONSILLITIS AND OTITIS MEDIA...

## BEFORE YOU WRITE FOR AN ANTIBIOTIC CONSIDER THE 'PLUSES' OF NEW ALPEN FOR YOUR PATIENTS!

**Alpen** is more active against clinical isolates of penicillin-resistant staphylococci than older penicillins.[1] **Alpen** is indicated for acute and chronic streptococcal infections. **Alpen** is rapidly absorbed to produce high blood levels. **Alpen** has greater freedom from the G.I. sequelae of the broad spectrum -mycins.

# ALPEN

**See ALPEN Statement of Directions for complete details. / ALPEN™ potassium phenethicillin**

1. Morgi, E. M. E.; Wheatley, W. B., and Albright, H.: Antibiotics Annual 1959-60, N.Y., Antibiotic, Inc., 1960, 131.

Schering

H-338

benzthiazide

# NaClex®

## a new diuretic with an unsurpassed faculty for salt excretion

*Robins' new NaClex* is an oral, non-mercurial diuretic and antihypertensive agent. Its unique structure produces a "pronounced increase in diuretic potency"[1] over many older diuretics.



# in diuresis

## salt removal is still the fundamental objective

### *As salt goes, so goes edema.*

A fundamental principle of diuresis is that "increased urine volume and loss of body weight are proportional to and the osmotic consequences of loss of ions."[2] NaClex helps reduce edema by applying this principle.

Apparently functioning in the proximal renal tubules, NaClex limits the reabsorption of sodium and chloride ions. To maintain the essential, subtle balance between salt and water, the body's homeostatic mechanism responds by increasing the excretion of excess extracellular water. Thus the NaClex-induced removal of salt leads directly to a reduction of edema.

*How potent is benzthiazide?*

Compared tablet for tablet with oral diuretics now available, NaClex is unsurpassed in potency. Mg. for mg., it has achieved optimum diuresis in pharmacologic studies at 1/20 the dose required for chlorothiazide.

*What are the major diuretic indications for NaClex?*

NaClex produces diuresis, weight loss, and symptomatic improvement in edema associated with conditions such as congestive heart failure, cirrhosis of the liver, chronic renal diseases (including nephrosis), premenstrual tension, toxemia of pregnancy, and obesity. Edema of local origin and steroid edema may also benefit.

*To what extent is NaClex useful in hypertension?*

NaClex has definite antihypertensive properties, and may be used alone in mild hypertension. In severer cases it may be used with other antihypertensive drugs, potentiating them and permitting their use at lower dosage. In hypertension with associated water retention, NaClex is of twofold value. It may be prescribed for congestive heart failure as an ancillary measure to digitalis. NaClex does not lower the blood pressure of patients who are normotensive.

*Can NaClex and mercurials be given concurrently?*

Yes. When so employed, NaClex may increase the efficacy of mercurials. But NaClex alone is often effective enough to eliminate the need for parenteral mercurial administration. Also, NaClex may be effective in cases when mercurials are not.

*Supply:* NaClex is available in scored, yellow 50 mg. tablets.

*References:* 1. Ford, R. V., Cur. Therap. Res., 2:51, 1960. 2. Pitts, R. F., Am. J. Med., 24:745, 1958.

A. H. ROBINS CO., INC.

Richmond 20, Virginia



XUM

house staffs' working conditions —pay, hours, etc.—are going to improve?

A. They already have. It used to be a case of no salary, twenty-four-hour days, seven-day weeks, and fifty-two-week years. Nowadays, it's pretty much eight-hour days, every other night off, long week-ends, two-week vacations, and enough salary to keep the house officer from going hungry.

I'm not against this. But as stipends go up and hours go down, the hospitals are bringing new problems on themselves. You can't run a hospital on eight-hour shifts. For one thing, you need more house officers. That costs money. And where is the hospital to get it?

That's only part of the problem. Suppose the community hospital *could* afford extra house officers. Where would it get them? The Educational Council for Foreign Medical Graduates is cutting off the supply from abroad, and American graduates are flocking to university-affiliated hospitals.

Q. Doesn't the National Intern Matching Program help the community hospitals to get their share of American graduates?

A. No. The hospitals are being crushed between the millstones of the N.I.M.P. and the E.C.F.M.G. The residency situation is much the same. There are very few residency programs in the country that don't want more men. I know a big surgical residency that's going begging right now.

Q. What's happening to all the residents?

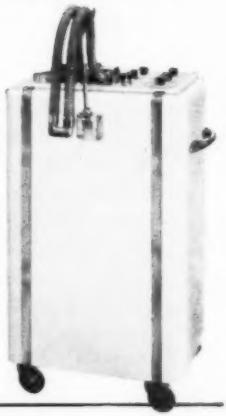
A. For one thing, there are more residencies. For another —I know that what I'm going to say will be denied, but here goes —the medical schools are channeling graduates into their own hospitals. They don't come right out and say it. But they use a kind of emotional blackmail. Somebody in the academic chain drops a hint: "Why, yes, such-and-such a hospital is very good. But if you want to be *sure* of a residency, you'd better take your interneship here in our hospital."

Q. Is there anything the community hospitals can do about all these problems?

A. I'll make a prediction for



# Ritter Equipment goes with a Growing Practice...



## SELF-CALCULATING BASALMETER®

Saves patient inconvenience . . . allows fast, accurate BMR testing right in your office! It's easy. No slide rules, charts, graphs or involved calculating necessary. Just set the dials, give the test and press a button to read the BM rate *directly* from a dial.

The efficient, accurate BasalMeteR can enlarge the scope of your practice; means greater convenience for your patients.



**Faster, Easier Sterilization . . .**

**Castle 777 SPEEDCLAVE** gives complete sterilization in ten minutes or less from a warm start! One dial setting eliminates numerous valve and control adjustments. Load the trays, close the door and set the dial. SpeedClave completes its sterilizing cycle without further attention.

**Ideal Supplementary Unit for Cutting Edge Instruments, Needles.**

**Castle BLUELINE DRY-HEAT STERILIZER**



**Mail Coupon for More Information!**

**Ritter**
COMPANY INC.
ROCHESTER 3, NEW YORK
Medical Division

Ritter Company Inc.
4212 Ritter Park
Rochester 3, New York
Yes, I would like to know more about—
☐ BasalMeteR ☐ 999 Autoclave
☐ Blueline Sterilizer

*Name* .....

*Address* .....

*City* ..... *Zone* ..... *State* .....

you: Unless there's a big change, it won't be long before many community hospitals give up their interne-training programs and hire licensed, practicing doctors, working on regular shifts, for twenty-four-hour coverage. There might be one or two such men in, say, a 300-bed hospital. They'll be there to run the emergency room and take care of emergencies that arise in the hospital.

These men will be hired only to protect the hospital. They won't be there for the convenience of the attendings. The attendings will have to hire their own assistants at the operating table. They'll have to take their own histories and start their own I.V.s. And when a patient calls them at night, they won't be able to stay in bed and send him to the hospital for a blood count. This system has been adopted in some hospitals, and it's going to be adopted in more.

Q. If the community hospitals gave up their training programs, where would the internes go?

A. Where they're going now —to Federal hospitals for a good stipend and good training, and to university hospitals for

---

## *She could sell, all right*

After many months of psychiatric treatment, a woman patient of mine finally seemed well enough to resume her regular activities. These included selling cosmetics door-to-door. The morning she was to begin, she lost her nerve and came to my office in tears, convinced she couldn't sell. I made a great effort to convince her she could, and soon she departed, apparently all fired up. When I arrived home that evening. I told my wife about the incident. She smiled—and presented me with a bill for $12 worth of cosmetics she'd just bought from my patient.

—D. L. MOSSMAN, M.D.

*first choice for MIGRAINE*
*recurrent, throbbing "sick" headaches...*

# *CAFERGOT*



***When the headache is associated with nervous tension and G.I. disturbance:***

CAFERGOT P-B TABLETS: **ergotamine tartrate 1 mg., caffeine 100 mg., Bellafoline 0.125 mg., pentobarbital sodium 30 mg. Dosage: 2 at first sign of attack; if needed, 1 additional tablet every ½ hour until relieved (maximum 6 per attack).**

CAFERGOT P-B SUPPOSITORIES: **ergotamine tartrate 2 mg., caffeine 100 mg., Bellafoline 0.25 mg., pentobarbital sodium 60 mg. Dosage: 1 as early as possible in attack; second in 1 hour, if needed (maximum 2 per attack).**

CAFERGOT TABLETS: **ergotamine tartrate 1 mg., caffeine 100 mg. Dosage: same as Cafergot P-B Tablets.**

CAFERGOT SUPPOSITORIES: **ergotamine tartrate 2 mg., caffeine 100 mg. Dosage: same as Cafergot P-B Suppositories.**

*For a new brochure on Migraine and Tension Headaches, reviewing clinical reports on diagnosis and therapy, write: Sandoz, Hanover, N. J.*

SANDOZ

STOP THAT COUGH!

ROMILAR CF

The complete cough formula

Non-narcotic - No Rx required

Now in 3-oz bottles

ROCHE LABORATORIES




have you made your contribution to medical education?

Whether you contribute direct to your Alma Mater or your State or County Medical Society or, through the American Medical Education Foundation —

Why not DO IT TODAY?

american medical education foundation

535 N. Dearborn Street Chicago 10, Ill.

• This space contributed by the publisher



poor stipends and ineffective training.

Q. The university hospitals give ineffective training?

A. Yes, during the internship. The interne in the university hospital is squeezed between the clinical clerk and the resident. He just repeats what he did as a junior and senior medical student. He doesn't get experience in the medical facts of life.

Community hospitals give 95 per cent of the hospital care in the country. I hope all of them don't give up their internships. It would be ideal if all internes went into community hospitals for one-year rotating internships. They'd learn the good and the bad. But they'd also learn the practical, and how to do things with their hands. Then, too, I wish residency training could be restricted to the university-affiliated hospitals, because they're equipped for it.

In other words, my idea of Utopia would be for the universities to get out of the internship business, and for community hospitals to get out of the residency business. END

a pair of cardiac patients:



both are free of pain—but only one is on

# DILAUDID®

(Dihydromorphinone HCl)

**swift, sure analgesia normally unmarred by nausea and vomiting**

DILAUDID provides unexcelled analgesia in acute cardiovascular conditions. Onset of relief from pain is almost immediate. The high therapeutic ratio of DILAUDID is commonly reflected by lack of nausea and vomiting—and marked freedom from other side-effects such as dizziness and somnolence.

**by mouth** **by needle** **by rectum**

2 mg., 3 mg., and 4 mg.

May be habit forming—usual precautions should be observed as with other opiate analgesics.

KNOLL PHARMACEUTICAL COMPANY • ORANGE, NEW JERSEY

XUM



## *on the pathogenesis of pyelonephritis*

"An inflammatory reaction here [renal papillae] may produce sudden rapid impairment of renal function. One duct of Bellini probably drains more than 5000 nephrons. It is easy to see why a small abscess or edema in this area may occlude a portion of the papilla or the collecting ducts and may produce a functional impairment far in excess of that encountered in much larger lesions in the cortex."[1]

Recent experimental evidence in animals strongly supports the view that obstruction of the tubules in the medulla, as opposed to the cortex, predisposes the kidney to pyelonephritis,[2] and ". . . as few as 10 organisms injected into the medulla were capable of causing infection."[3]

The "exquisite sensitivity"[4] of the medulla to infection highlights the importance of obstruction to the urine flow in the pathogenesis of pyelonephritis. "There is good cause to support the belief that many, perhaps most, cases of human pyelonephritis are the result of infection which reaches the kidney from the lower urinary tract."[5]

An agent, such as FURADANTIN, which has a specific affinity for the urinary tract and which is actively excreted by the cells of the tubules, as well as of the glomeruli,[6] is particularly suited to meet the problems posed by the pathogenesis of pyelonephritis and the primary pathways of infection.

*in pyelonephritis*
*to eradicate the pathogens*
*no matter the pathway*

# FURADANTIN®

brand of nitrofurantoin

*high urinary concentration*
*glomerular filtration*
*tubular excretion*

***effective at glomerular and tubular levels:*** In addition to simple glomerular filtration, FURADANTIN is actively excreted by the tubule cells.

***rapid antibacterial action:*** Antibacterial concentrations of FURADANTIN are in the urine in 30 minutes.

***broad bactericidal spectrum:*** FURADANTIN is bactericidal against a wide range of gram-positive and gram-negative bacteria including certain organisms resistant to other agents.

***free from resistance problems:*** Development of bacterial resistance to FURADANTIN has not been a problem in over 8 years of extensive clinical use.

***well tolerated—even after prolonged use:*** FURADANTIN is nontoxic to kidneys, liver and blood-forming organs. No monilial superinfection, staphylococcic enteritis, proctitis or anovulvar pruritus has ever been reported.

***no cross resistance or cross sensitization with other drugs:*** FURADANTIN, a synthetic nitrofuran, is unrelated chemically to any other class of antimicrobial drugs; cross resistance or cross sensitization does not occur.

AVERAGE FURADANTIN ADULT DOSAGE: 100 mg. tablet q.i.d. with meals and with food or milk on retiring. SUPPLIED: Tablets, 50 and 100 mg.; Oral Suspension, 25 mg. per 5 cc. tsp.

REFERENCES: 1. Schreiner, G. E.: A.M.A. Arch. Int. M. **102**:32, 1958. 2. Rocha, H., et al.: Yale J. Biol. & Med. **32**:120, 1959. 3. Freedman, L. R.: Yale J. Biol. & Med. **32**:272, 1960. 4. Freedman, L. R., and Beeson, P. B.: Yale J. Biol. & Med. **30**:406, 1958. 5. Rocha, H., et al.: Yale J. Biol. & Med. **30**:341, 1958. 6. Paul, M. F., et al.: Am. J. Physiol. **197**:580, 1959.

NITROFURANS—a *unique* class of antimicrobials

EATON LABORATORIES, DIVISION OF THE NORWICH PHARMACAL COMPANY
NORWICH, NEW YORK

XUM

# Six exciting big-game hunting trips —right here!

*Why go to Africa? This continent offers a wide variety of trophies. Here are year-round suggestions for the doctor sportsman whose hunting time is limited*

*By Byron W. Dalrymple*

Want to go big-game hunting? You needn't wander off to Africa. There are plenty of places in North America where you can find everything you're looking for—without leaving your practice for more than a couple of weeks.

I've worked up six big-game hunting trips—trips any doctor who likes hunting is almost certain to enjoy. Because you'll probably want to fit your American safari into long-set vacation plans, I've included game that can be gone after in practically every season of the year. Here are my suggestions:

*1. Mexico: the "cats."* Of all the intriguing hunts on the North American continent, none has more appeal than a try for the various wildcats. Of these, all except the lynx are most abundant in Mexico. The jaguar is plentiful in certain areas. So are the puma or mountain lion, the bobcat, the ocelot, the jaguorundi (a short-legged, long-tailed cat of red and gray), and the rare, diminutive, and vicious margay.

Of course, you can ring in a lot of other shooting in Mexico.

But few things are better than trailing a group of good hounds or simply sitting in the still darkness of a semi-jungle listening to one of the natives call a jaguar. The trophies you come back with make striking conversation pieces, too.

Hunting for the cats usually starts about the first of January and lasts through April. But because there are some unscrupulous outfitters, you have to be careful where you make your bookings. I suggest booking a hunt with well-known operators such as the famed Lee Brothers of Tucson, Ariz., or Bob Ramsland of Mission, Tex.

The Lees have a hunting camp out of Tuxpan, in Nayarit. You can drive the 900 miles from Nogales, Ariz., on a paved highway and be met at Tuxpan by the Lees. Or flights can be made to Tepic in Mexico. Rates run about $1,000 a person for a fourteen-to-sixteen-day hunt, much of which is done by boat in the coastal jungle swamps.

Although it costs quite a lot, a hunt with the Lees is the acme of Mexican cat-hunting. Ramsland may provide less excite-



XUM

# "wearability"




NO TASTE FATIGUE
EXCELLENT RESULTS
NO CONSTIPATION

***the most widely prescribed and most wearable of all antacids***

suspension tablets

XUM

## Say *"MERRY CHRISTMAS"* to a doctor with a professional *GIFT* by Welch Allyn





When your gift is a Welch Allyn instrument, you know it will meet the doctor's high professional standards. They're easy to find, too, because most good Surgical Supply dealers have them. Any doctor would appreciate receiving these:

...a new RECHARGEABLE BATTERY HANDLE, as shown in the set above. Fits the doctor's present case, powers all his Welch Allyn instruments. *No. 717, $20.00*

...or give him this new-type COMPACT CASE which he can use with his present instruments. So small it slips right in his pocket! *No. 22M, $7.50*

...or a really elegant gift, this COMPLETE DIAGNOSTIC SET: otoscope, ophthalmoscope and rechargeable handle in compact case. *No. 993M-RH, $90.00*

...or the PROFESSIONAL POCKETLIGHT shown at left, made to medical standards for brilliant illumination and durability. *No. 777, as shown, $5.50, No. 778 focusing type, $6.50, No. 779 ocular type, $6.50*

Dear Doctor: It's not polite to hint, but if you just happened to leave the magazine open to this page, someone might get an idea!

WELCH ALLYN

ment, but his fees are far more reasonable. When I hunted with him a couple of years ago, he was charging about $125 a week per person for a stay at his layout at Padilla, north of Victoria in Tamaulipas.

*2. Alaska: brown and polar bears.* This combination hunt is one of the greatest afforded by the continent. It's not a short hunt; it takes a minimum of three weeks. So it's not economical. But bagging even one brown or polar bear is a thrilling experience.

The best time to book such a hunt is for the traditional spring hunting season, starting in April. For the white bear, you fly to Fairbanks from Seattle (round trip: about $200). Then by Wien Alaska Airlines you can go to Barrow, at a round-trip cost of about $120. A polar-bear license costs $150; the "package" hunts run by top guides like George Thiele of




*she's been*

HYFRECATED*

Desiccate those unsightly, possibly dangerous skin growths with the ever-ready, quick and simple to use Hyfrecator.® More than 150,000 instruments in daily use.

**not a blemish on her*



Please send me the new reprint "Curettage and Electrodesiccation in Treatment of Skin Cancer."

THE BIRTCHER CORPORATION
Department ME-1260A
4371 Valley Blvd., Los Angeles 32, Calif.

Doctor_____
Address_____
City_____ Zone___ State_____

# "Gratifying" relief from s

*for your patients with*
*'low back syndrome' and*
*other musculoskeletal disorders*

**POTENT** muscle relaxation
**EFFECTIVE** pain relief
**SAFE** for prolonged use

# stiffness and pain

## "gratifying" *relief from stiffness and pain in 106-patient controlled study*

*(as reported in J. A. M. A., April 30, 1960)*

"Particularly gratifying was the drug's [SOMA's] ability to relax muscular spasm, relieve pain, and restore normal movement . . . Its prompt action, ability to provide objective and subjective assistance, and freedom from undesirable effects recommend it for use as a muscle relaxant and analgesic drug of great benefit in the conservative management of the 'low back syndrome'."

***Kestler, O.: Conservative Management of "Low Back Syndrome", J.A.M.A. 172: 2039 (April 30) 1960.***

**FASTER IMPROVEMENT**—79% complete or marked improvement in 7 days (Kestler).

**EASY TO USE**—Usual adult dose is one 350 mg. tablet three times daily and at bedtime.

**SUPPLIED:** 350 mg., white tablets, bottles of 50.
For pediatric use, 250 mg., orange capsules, bottles of 50.
Literature and samples on request.

**SOMA®**
(CARISOPRODOL WALLACE)

WALLACE LABORATORIES, CRANBURY, NEW JERSEY



XUM

Barrow cost around $1,500. The hunt lasts until you kill a good trophy. A week of flying out over the ice should do it.

When the white bear has been collected, you can continue on in May to hunt the big brown bear. George Pollard of Kasilof hunts the Alaska Peninsula, working out from a comfortable tent camp. He offers a package rate of $1,000 per person for a two-week hunt. There are two flights daily from Anchorage to Kenai, where Pollard meets his parties.

*3. British Columbia: Stone sheep, goat, caribou.* Probably every big-game hunter dreams of taking a good ram, particularly one of the Stone variety. In the Stikine River area of northern British Columbia, practically anyone can accomplish this. In the process, you can also collect a goat and an Osborne caribou. This is record-head country.

Grizzlies and moose are here, too. And the caribou racks are truly tremendous. The time to see these animals—and to hunt them—is late summer and early fall.

This is difficult country to get into by pack train. But Tommy Walker's camp at Cold Fish Lake offers a fly-in hunt typical of everything the vast area contains. Here the timberline is at roughly 5,000 feet. Yet much of the hunting territory may be worked with a horse, even far up to the mountaintops. This makes the place relatively easy.

A sheep-goat-caribou hunt necessarily lasts at least three weeks. Walker sets his hunts up at twenty-one and thirty days and charges from $1,875 to $2,450 for them.

The in-and-out flight is expensive. A flight by Pacific Western Airlines charter out of Prince George costs $560.

*4. Eastern Wyoming: antelope and mule deer.* One of the easiest big-game hunts here in North America is the antelope and mule deer combination. The secret: hunting both in the same general area.

Mule deer are usually thought of as forest animals. But some enormous heads come from the deep coulees and shale buttes of the Wyoming sagebrush country, where antelope roam. Jump the crag-antlered buck here, and you get open running shots




MODEL 100M MOBILE VISO-CARDIETTE

$895 delivered, Continental U.S.A.

THIS IS THE NEWEST Sanborn electrocardiograph — complete with all accessories in a fully mobile, easy-to-roll cabinet version. A single Model 100M "Mobile Viso" can easily serve several locations within a clinic or hospital, and perfectly answers the need for instrument storage away from the point of use. The highly developed design of this modern instrument also provides fully diagnostic cardiograms at either of two chart speeds (25 and 50 mm/sec), sensitivity settings of ½, 1 or 2 times normal, fully automatic stylus stabilization during lead switching, pushbutton grounding, jacks for recording and monitoring non-ECG inputs in conjunction with other equipment. The cabinet is available in either handsome mahogany or exceptionally durable, stain-resistant plastic laminate.

The same basic instrument — with identical circuitry — is also manufactured as a *desk-top instrument*, designated *Model 100 Viso-Cardiette*. A third choice in Sanborn ECG'S is also offered, for the physician whose practice demands *maximum portability:* the 18-pound "briefcase" size *Model 300 Visette*. All are proven Sanborn electrocardiographs, reflecting more than four decades of experience in the manufacture of medical instrumentation.

MEDICAL DIVISION

**SANBORN COMPANY**

175 WYMAN STREET, WALTHAM 54, MASS.

across the treeless sage plains. I once downed a mulie buck that weighed 235 lbs. field-dressed! Both deer and antelope are so abundant that most outfitters guarantee shots at them.

The time to hunt this fleet-footed twosome is during September and October. Since antelope-hunting permits are limited, you must apply for them fairly early. The Wyoming Game Commission in Cheyenne will send you maps of the various areas for this game.

Costs are fairly low. Most outfitters—like the Hysham operation on the Keeline cattle ranch near Newcastle, Wyo.—run three-day combination hunts at around $150. They include guides, a hunting vehicle, food and lodging, and the use of a game locker.

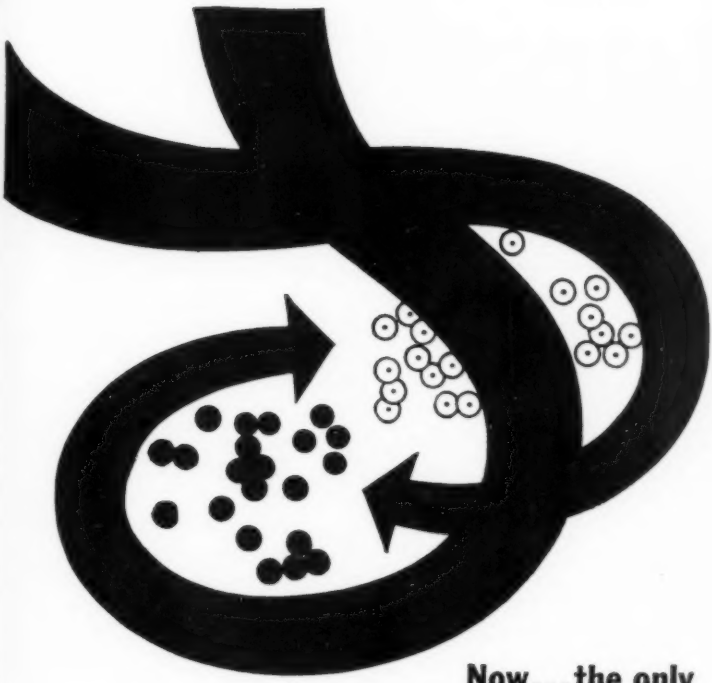
*5. Ontario: moose.* In Ontario there is actually an over-population of moose—largest of American horned game. This makes possible the harvesting of cows and yearlings as well as bulls in a number of specified spots. What's more, the area offers not only real wilderness but really good hunting accommodations.

Almost the entire province with the exception of the southeast is excellent moose country. Camps and good outfitters are scattered over a substantial share of it. All are easily and quickly accessible. The average package rate for a seven-day hunt runs about $250 to $350. The hunting license (which includes permission to shoot black bears and such birds as ruffed and spruce grouse) costs $100.

Colimar Lodge at Jellicoe—where I've hunted—offers packages for two or four hunters as groups. Example: four hunters for seven days, $700 plus $25 per moose (including modern log cabin, meals, canoes or boats, motors, gas, guides, and camp-out equipment).

The Ontario moose season usually falls during October. Reservations must be made well ahead of time. And it's worth it. One caution, though: In Ontario, never reserve with a *guide*. Make sure you deal with an *outfitter*, who must be bonded.

*6. Texas: turkey, whitetail, exotics.* In the so-called hill country of south central Texas is found some of the most amaz-



**Now...the only Nystatin combination with extra-active DECLOMYCIN®**

Demethylchlortetracycline

*with extra broad-spectrum benefits:*—action at lower milligram intake...broad-range action...sustained peak activity...extra-day security against resurgence of primary infection or secondary invasion.

# DECLOSTATIN®

Demethylchlortetracycline and Nystatin LEDERLE

CAPSULES, *150 mg. DECLOMYCIN Demethylchlortetracycline HCl and 250,000 units Nystatin.*

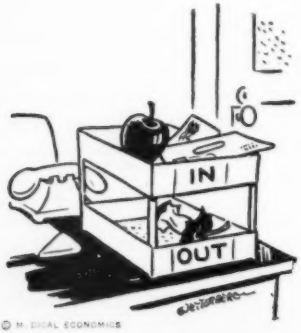
DOSAGE: *average adult, 1 capsule four times daily.*

**LEDERLE LABORATORIES, A Division of AMERICAN CYANAMID COMPANY, Pearl River, New York**

Lederle

ing hunting on the continent. The native game includes the wild turkey and whitetail deer. But a number of ranches like the Rickenbacker Boy Scout Ranch and the Bill James Ranch (both in Hunt), the Mark Moss Ranch (Llano), and a few others offer several species of foreign big game in addition.

For example, it's possible to stay in a motel at Kerrville, Llano, or other towns in the Edwards Plateau region and collect not only a big wild gobbler and a fat whitetail buck, but also such unique trophies as a spiral-horned black buck antelope from India; a spotted Axis deer with sweeping antlers; a huge Sambar deer; and the blocky and beautiful black Japanese Sika deer.



© MEDICAL ECONOMICS

Average rancher's rate for the gobbler: about $25; for the whitetail buck, $75 to $100. The "foreigners"—imported and stocked some years ago—are now as "at home" in the wild as the native whitetail. But the going rates for exotic game are somewhat higher than for the native products.

The native turkey and deer seasons are from mid-November to the end of December. But the foreign game can be hunted at any time of year. There are good accommodations just about everywhere. In some instances, ranches offer day hunting at an average $10 a day. Some of them will put hunters up for nominal bunkhouse-and-grub fees.

As a wind-up to this unusual hunt, keep in mind that in several Texas counties along the Mexican border there's no closed season on the javelina, an odd little native wild pig of the Southwest. You can make arrangements easily with ranchers near such places as Laredo to hunt them, particularly after the close of the deer season. END



in nine years

Novahistine hasn't cured a single cold... but it has been prescribed for relief of symptoms in over 10,000,000 patients*



Novahistine LP tablets begin releasing medication promptly and continue bringing relief for 8 to 12 hours. Two Novahistine LP tablets in the morning and two in the evening will effectively control the average patient's discomfort from a cold. Each tablet contains 25 mg. phenylephrine HCl and 4 mg. chlorprophenpyridamine maleate.

*Based on National Prescription Audits of new Novahistine prescriptions since 1952.

PITMAN-MOORE COMPANY
DIVISION OF ALLIED LABORATORIES, INC., INDIANAPOLIS 6, INDIANA

Novahistine® LP
LONG ACTING

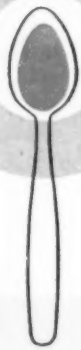
# a new antitussive molecule

alpha-(2-dimethylaminoethyl)-o-chlorobenzhydrol hydrochloride,
generically termed "chlophedianol hydrochloride"

## NON-NARCOTIC

# ULO®

## SYRUP



### THE ADVANTAGES OF ULO

| | | | |
|---|---|---|---|
| cough suppressant action | **equal to** | narcotics | Though it reaches peak action somewhat more slowly, the cough-suppressant power of ULO is fully as great as that of narcotics. |
| duration of action | **greater than** | narcotics | After reaching peak action, ULO maintains its maximal cough-suppressant effect undiminished for 4 to 8 hours. |
| side actions | **less than** | narcotics | ULO is free from the limitations and undesirable side effects of narcotics...no constipation; no nausea; no gastric irritation; no appetite suppression; no tolerance development; no respiratory depression; no drowsiness. |

XUM

## CLINICAL RESULTS WITH ULO

in 1078 patients observed by 50 U.S. investigators, 46 of whom were chest physicians.

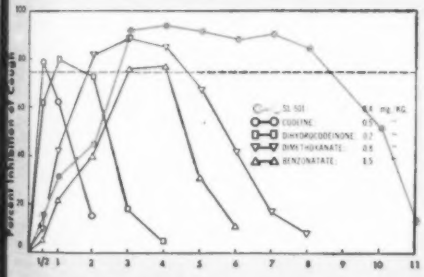
| Diagnostic Category | Number of Patients | Results: Good to Excellent | Fair | Poor | Not Specified |
|---|---|---|---|---|---|
| Upper Respiratory Infection | 521 | 357 | 88 | 57 | 19 |
| Bronchitis | 398 | 309 | 42 | 38 | 9 |
| Pneumonia | 53 | 44 | 4 | 5 | 0 |
| Postnasal Drip | 48 | 32 | 9 | 3 | 4 |
| Tracheobronchitis | 32 | 23 | 4 | 3 | 2 |
| Croup | 14 | 10 | 2 | 2 | 0 |
| Pleurisy | 12 | 11 | 0 | 1 | 0 |
| **Total Patients** | **1078** | **786** | **149** | **109** | **34** |
| **Total Patients Benefited** | | **86.2%** | | | |

### Indications

**Upper respiratory infections**
**Common cold**
**Influenza**
**Pneumonia**
**Bronchitis**
**Tracheitis**
**Laryngitis**
**Croup**
**Pertussis**
**Pleurisy**

## 4 to 8 hour sustained cough suppression

**Comparison of therapeutically equivalent doses of ULO and other antitussive agents**




Mean per cent inhibition of cough in dogs following oral administration of therapeutically equivalent doses of ULO (SL-501) and other antitussive agents. The horizontal dotted line represents threshold of maximum effectiveness, arbitrarily taken at 75 per cent suppression of counted coughs. Note that the duration of maximum effectiveness of a single dose of ULO is 6 hours, 24 times as long as that of codeine. Peak effectiveness of ULO is not reached until 2 or 3 hours after administration, but the maximum antitussive action lasts at least 6 hours.

Chen, J.Y.; Biller, H.F., and Montgomery, E.G., Jr.: J. Pharmacol. & Exper. Therap. *128*:384, 1960.

### Safety

ere are no known ntraindications. ide effects occur ly occasionally d have been mild. ausea and dizziness ve occurred infre-uently, vomiting and owsiness rarely.

### Dosage:

**Adults:** 25 mg. (1 teaspoonful) 3 or 4 times daily as required;
**Children:** 6 to 12 years of age—12.5 to 25 mg. (½ to 1 teaspoonful) 3 or 4 times daily as required;
2 to 6 years of age—12.5 mg. (½ teaspoonful) 3 or 4 times daily as required.

### Availability

ULO Syrup, 25 mg. per 5cc. (teaspoonful) in bottles of 12 fluid ounces.

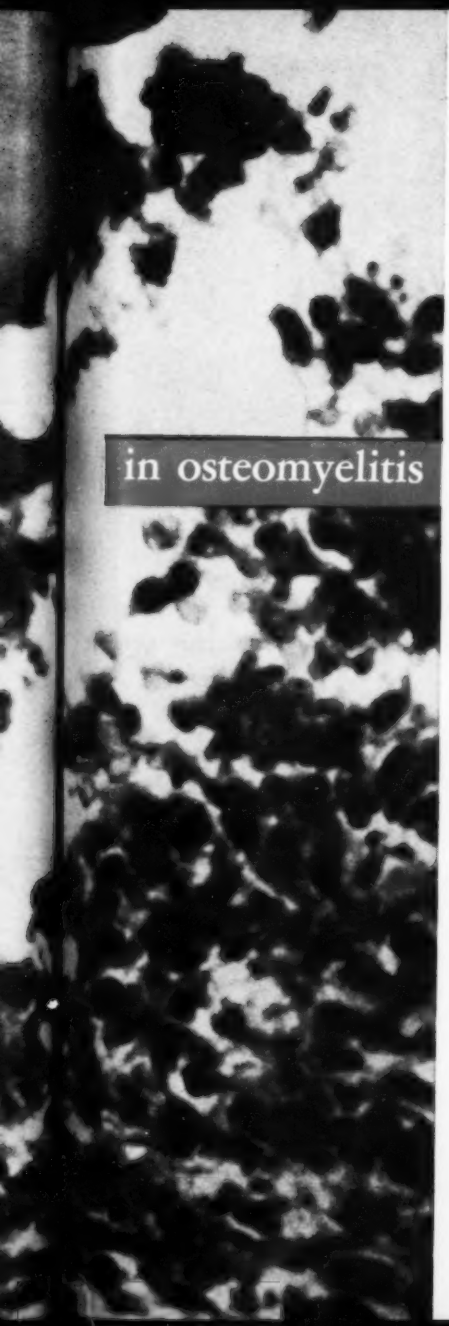
Riker

**Northridge, California**

XUM




XUM




# Therapeutic confidence

Panalba is effective against more than 30 commonly encountered pathogens including ubiquitous staphylococci. Right from the start, prescribing it gives you a high degree of assurance of obtaining the desired anti-infective action in this as in a wide variety of bacterial diseases.

Supplied: Capsules, each containing Panmycin* Phosphate (tetracycline phosphate complex), equivalent to 250 mg. tetracycline hydrochloride, and 125 mg. Albamycin,* as novobiocin sodium, in bottles of 16 and 100.

*Trademark, Reg. U. S. Pat. Off.

The Upjohn Company Kalamazoo, Michigan

**Upjohn**

# Panalba*

your broad-spectrum antibiotic of *first* resort

XUM

# *You're a prime target for burglars*

*Since doctors are reputed to have money to burn, the housebreaker has them on his list. Your best defense: Be prepared—and sensibly cowardly*

*By M. Robert Beasley*

You wake up and hear noises in the next room. Pretty soon you're convinced that someone has broken into your home. What to do? Investigate? Call the police?

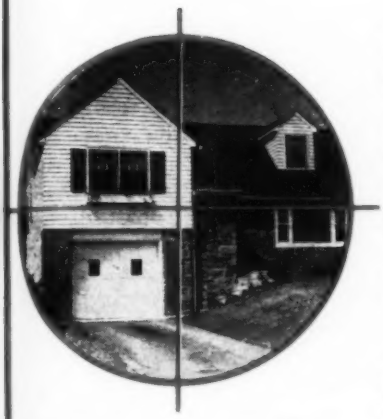
If you're wise, you'll do *nothing* until your visitor is out of hearing. Better lose a few possessions than risk losing your life. You're no match for a professional thief at this point. You're sleepy and defenseless. He's wide awake and may be armed.

Contrary to popular belief, the burglar often carries a gun while working. A veteran of seven burglary convictions has told me: "I'd rather leave my pants at home than forget my gun." The reason is obvious. To avoid being caught, the "cat man" will generally pay any price—including someone's life, if necessary.

So don't seek out the prowler in the next room. And if he comes right into your room, don't resist him; just do what he tells you to do. He didn't break in to hurt you—only to steal your valuables. Let him take them and go.

On the other hand, if you hear someone in a different part of the house—downstairs, say—it's

THE AUTHOR, *a freelance writer, gathered material for this article by interviewing a number of convicted burglars inside the world's largest prison at Jackson, Mich.*



another story. Whenever the intruder can't get at you in a matter of seconds, you can fight him with a weapon that even the most hardened thief fears: *noise*. First slam and lock your bedroom door. Then stomp on the floor, turn on the light, and telephone the police. Chances are, the burglar will clear out pronto.

Two dollars' worth of hardware recently enabled a well-known surgeon to prevent an illegal entry of a different kind. His home doorbell rang one evening, and he answered it. On the front steps stood two men holding revolvers. They obviously intended to force the doctor back into the house and then take their time about looting the place.

Fortunately, there was a safety chain on the door. The doctor and his family had made it a rule never to unfasten the chain for a caller until he was positively identified. So the surgeon was now able to defy the would-be thieves and phone the police.

The species of criminal he was dealing with—a cross between burglar and hold-up man—is known as a "muscle prowler." He can operate in the daytime as well as at night, because he moves so fast that passers-by don't realize what's happening.

One of the muscle prowler's favorite tricks is to appear at your back door in work clothes and claim he's from the telephone or gas company. That's why police authorities recommend that safety chains be placed on all outside doors—and that householders train their families to use the chains at all times. Your wisest move is never to open the door fully to a serviceman or a delivery man until you've thoroughly checked his credentials. (After talking to a good many professional burg-



XUM

lars, I've made that an inflexible rule for *my* family.)

Maybe you think it unlikely that *your* home will be burgled. If so, consider this: Last year alone, some 590,000 such crimes were committed. And burglars themselves put doctors high on their prospect lists. They reason that physicians are especially well heeled. What's more, there's always the chance of finding valuable narcotics in a doctor's home or office.

Once a thief is inside your house, your chances of beating him at his own game are slight. So why not take steps to keep him from entering in the first place? Here are some defensive measures that have been proved effective:




1. In addition to the safety chains I've already mentioned, make sure your outside doors are fitted with "dead" locks—locks that must be turned with keys. Though they're less convenient to use than the spring-shut kind, they offer better protection. True, a burglar can open them with the proper tools. But it's a time-consuming chore. So the thief will usually pass up a dead-locked door in favor of one that has easy-to-open spring locks.

2. Don't have doors that open outward. Such doors have their *hinges* on the outside. A burglar can easily tap the pins out of the hinges and swing the door aside.

3. Never hide your keys under the mat or in some other accessible spot that (you hope) only your family knows about. Have duplicates made instead.

4. When you give your car key to the man at the parking lot, don't leave your house key attached. Some parking-lot attendants have been known to play ball with the underworld team. An impression of your key



## the family circle...all-round, year-round
## itamin support with **ABDEC**® Kapseals®

**DEC Kapseals provide comprehensive multivitamin protec-**
**n all through the year. Each ABDEC Kapseal contains:**
min A–10,000 units (3 mg.); Vitamin D–1,000 units (25 mcg.); Vitamin C
orbic acid)–75 mg.; Vitamin $B_1$ (thiamine) mononitrate–5 mg.; Vitamin $B_2$
(riboflavin)–3 mg.; Vitamin $B_6$ (pyridoxine hydrochloride)–1.5 mg.; Vitamin
(crystalline)–2 mcg.; dl-Panthenol–10 mg.; Nicotinamide (niacinamide)–
ng.; Vitamin E (supplied as d-alpha-tocopheryl acid succinate) – 5 I. U.
AGE: for the average patient, 1 ABDEC Kapseal daily. ABDEC Kapseals are
lied in bottles of 50, 100, 250, and 1,000. Also available: ABDEC Drops in 15-cc.
50-cc. bottles with calibrated plastic droppers.

**RKE, DAVIS & COMPANY** · DETROIT 32, MICHIGAN

PARKE-DAVIS

STOP THAT COUGH!

ROMILAR® CF

The complete cough formula

Non-narcotic · No Rx required

Now in 3-oz bottles



ROCHE LABORATORIES

FIGHT CANCER

AMERICAN CANCER SOCIETY®



can be made, your address can be ascertained from your license-plate number, and you'll be none the wiser.

5. Check the locks on your windows. Sliding barrel-bolt or hasp locks make it hard for anyone to enter without breaking the glass and thus making noise. If you want near-absolute protection, install decorative grills.

6. Keep a light burning at each doorway to your house. Burglars generally avoid the slightest risk of being spotted while at work.

7. Avoid having any vines or trellises that are strong enough to be used as ladders.

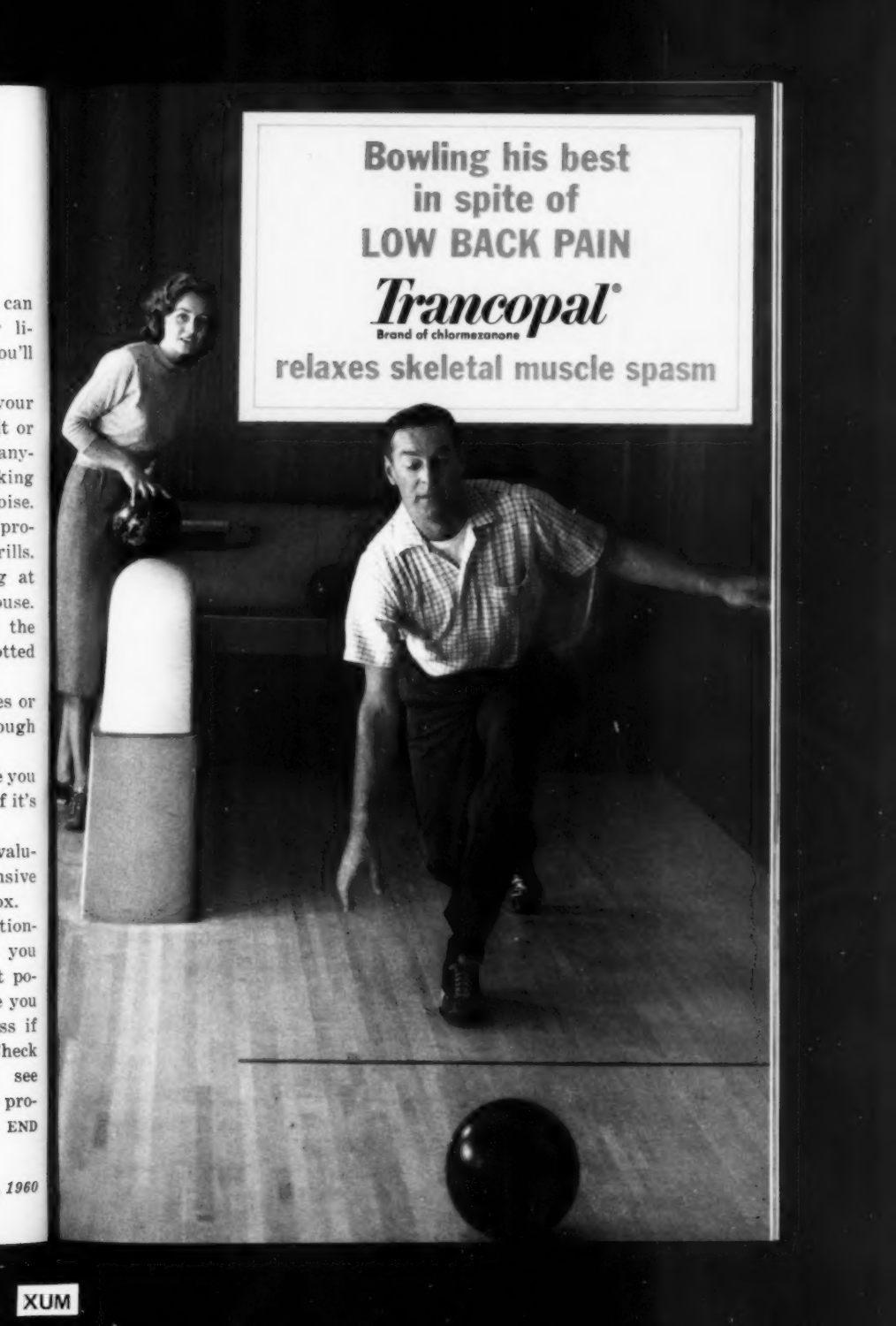
8. A barking dog can give you excellent protection—even if it's small and toothless.

9. Don't keep too many valuables at home. Store expensive jewelry in a safe-deposit box.

10. Since the above-mentioned safeguards won't give you *absolute* protection against potential burglars, make sure you won't suffer a financial loss if your house is entered: Check your insurance now to see whether you're adequately protected against theft. END



XUM


Bowling his best
in spite of
LOW BACK PAIN
Trancopal®
Brand of chlormezanone
relaxes skeletal muscle spasm

# *Trancopal*®

## relieves spasm of skeletal muscle— quiets restlessness and irritability

The "tranquilaxant," Trancopal, quickly relieves skeletal muscle spasm and associated pain and reduces restlessness and irritability, allowing an early return to normal activity. In a series recently reported by Cohen: "Practically all the patients continued to work or carry out their usual responsibilities during the period of treatment."[1] Among his 1041 patients with low back pain, muscle spasm, or muscle cramps, Trancopal brought relief of symptoms to 1035 ("complete" relief in 692 and "marked but incomplete" relief in 343).[1]



### Indications

| Musculoskeletal disorders | Disorders with psychogenic components |
|---|---|
| Low back pain (lumbago) | Dysmenorrhea |
| Neck pain (torticollis) | Premenstrual tension |
| Bursitis | Anxiety and tension states |
| Fibrositis | Asthma |
| Myositis | Angina pectoris |
| Ankle sprain, tennis elbow | Alcoholism |
| Osteoarthritis | |
| Rheumatoid arthritis | |
| Disc syndrome | |
| Postoperative muscle spasm | |



PRINTED IN U. S. A. 1528M

Trancopal ". . . is the most promising muscle relaxant presently available. Its outstanding characteristics are safety, excellent tolerance and potency."[1]

"From clinical examination of the patients, it was apparent that the combined effect of tranquilization and muscle relaxation enabled them to resume their normal duties in from twenty-four to forty-eight hours."[2]

"Chlormethazanone [Trancopal] not only relieved painful muscle spasm, but allowed the patients to resume their normal activities with no interference in performance of either manual or intellectual tasks."[3]

". . . patients were able to move with ease . . ."[4]

"The effect . . . was excellent and prompt . . ."[5]

**linicians comment on**

*Trancopal*...

"The patients [with torticollis] helped by the drug were able to carry the head in the normal position without pain."[6]

". . . Trancopal reduced restlessness and irritability in a number of patients. . . . Trancopal is exceptionally safe for clinical use."[7]

**Dosage:** Adults, 200 mg. orally three or four times daily; in some instances 100 mg. three or four times daily are sufficient. Relief of symptoms occurs in from fifteen to thirty minutes and lasts from four to six hours.

**How Supplied:** Trancopal Caplets®
200 mg. (green colored, scored), bottles of 100.
100 mg. (peach colored, scored), bottles of 100.

**References:** 1. Cohen, A. I.: *Current Therap. Res.* 2:374, Aug., 1960. 2. Kearney, R. D.: *Current Therap. Res.* 2:327, April, 1960. 3. Lichtman, A. L.: *Kentucky Acad. Gen. Pract. J.* 4:28, Oct., 1958. 4. DeNyse, D. L.: *M. Times* 87:1512, Nov., 1959. 5. Mullin, W. G., and Epifano, L.: *Am. Pract. & Digest Treat.* 10:1743, Oct., 1959. 6. Ganz, S. E.: *J. Indiana M. A.* 52:1134, July, 1959. 7. Gruenberg, F.: *Current Therap. Res.* 2:1, Jan., 1960.

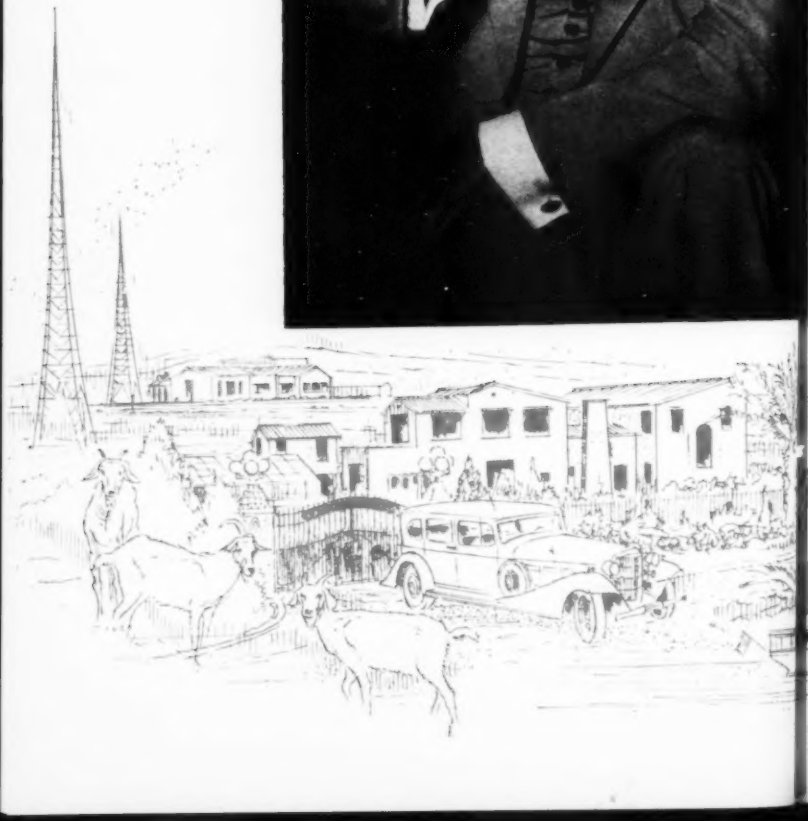
Winthrop LABORATORIES
New York 18, N. Y.

Trancopal (brand of chlormezanone) and Caplets, trademarks reg. U. S. Pat. Off. 1528M



XUM





XUM

# 'The roguish world of Doctor Brinkley'

*He was the most successful 'operator' American medicine ever saw, says Gerald Carson's best-seller.* And the gullible are still looking for his 1960 counterpart*

*By Helen C. Milius*

As the lawyer summed up his case for the jury, he gestured toward a dapper man with mad-scientist face: balding brow, hypnotic eyes behind dark-rimmed glasses, pointed goatee. The man wore an outsize diamond ring on each hand.

"Dr. Brinkley is the foremost money-making surgeon in the world," the lawyer charged, "because he had sense enough to know the weaknesses of human nature and gall enough to make a million dollars a year out of it."

That's how contemporaries regarded John R. Brinkley, the fabulous goat-gland faker (see cut). But the longer view shows a more sinister angle. It appears now that Brinkley pioneered in stirring up the sick and the aged with promises of government medicine. In state politics, he discovered the leverage of a

*"The Roguish World of Dr. Brinkley." By Gerald Carson. Published by Rinehart & Co., Inc., 1960. Copyright © 1960 by Gerald Carson. Portions reprinted by permission.





XUM

"free clinics" plank in his platform. It helped jack him up to an eminence from which he could eye the White House.

The medical profession battled for fifteen years to eradicate him. But the aged, the indigent, the ignorant still seek a medical savior. Could it happen again?

The question is pondered in the new biography that gives his gaudy career a gleeful working-over. His appeal, says Biographer Gerald Carson, is "perfectly understandable in our civilization, which rejects the aged. Dr. Brinkley was able to focus all the fears and frustrations of growing old on his goat-gland deal, with such skill that sometimes even the fathers of regular physicians sneaked off to consult Doc.

"Our generous support of odd-ball therapists, one-idea men, crackpots, and out-and-out medical hucksters is one of the wonders of American life. But Doc still holds the diamond-studded championship belt of the twentieth century for guts, gall, and getting away with the loot.

"If he never got over picking his teeth in public, at least he did it with a gold toothpick. His was quackery in the grand style. Humbler men might mix up a batch of liniment behind a tent and find their forum on the tail gate of a show wagon. But Dr. Brinkley was an eagle among such sparrows. He was spacious, a kind of genius cut on the bias, with his own powerful radio station, his own busy hospital, a special kind of medical evangelism, a platoon of assistant quacks, and fifty secretaries."

Where did this man come from? He was born in a mud-chinked log cabin with no glass in the windows, in the mountains of North Carolina. "Medical history has known few men of less promising background," Carson observes.

Orphaned at 5, he was adopted by an aging uncle, a horse-and-saddlebags country doctor, who died a few years later leaving his ward nothing but a compulsive drive toward medicine. The boy was "torn-down poor." The only education he could get came from a one-room school.



XUM

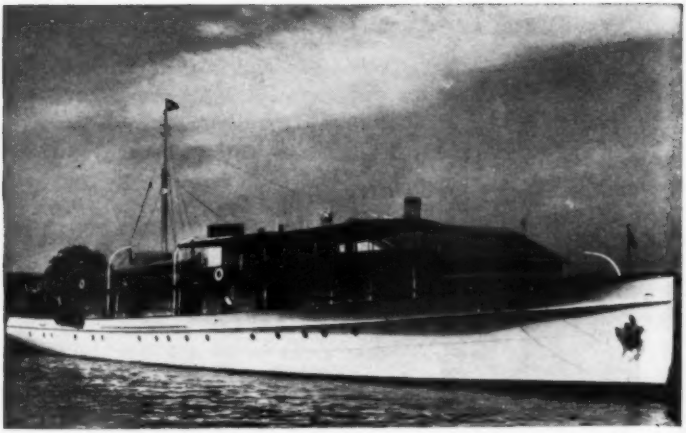


*Tongue in cheek, Gerald Carson (left) devotes "The Roguish World of Doctor Brinkley" to a dissection of the almost legendary goat-gland specialist who offered the aged a second chance at the sexual potency of youth. Though the story reads like a movie script, the author assures us that it's based on court records. Testimony under oath establishes this master of American quackery as the one who "made the most money, got the most fun out of being rich, fooled the most people."*

---

Telegraphy was the trade by which Brinkley acquired a distaste for earning honest dollars. A station agent of the Southern Railway taught him this trade. It got him a Western Union job in Chicago, Carson points out. There, Brinkley started worming his way into medicine through the cellar door. He was 23, married, with dependents. In 1908 he entered Bennett Medical College, one of the now defunct eclectic schools that used to dilute the curriculum with homeopathy, chiropractic, and naturopathy.

"He worked at night and went to school in the daytime, having breakfasted on his thoughts," says the biographer. "At noon he had a five-cent glass of beer and as much free lunch as the bartender would stand for. He



*This sumptuous gold-and-white steam yacht, one of many owned by the goat-gland specialist, was so big it needed a 20-man crew.*

dropped out before his senior year, for lack of funds."

So he took up the less costly study of fooling the public. His teacher and employer was a "men's specialist" quack in Knoxville, Tenn. This specialist operated "For Men Only" museums of anatomy, Carson explains. These were "arranged to frighten rustic sinners out of their ready cash. After the chumps had filed past a few papier-maché models depicting the consequences of indiscretion, the floorman slipped the native the professional card of the famous specialist and steered him into the Presence."

Within months, Brinkley was graduated to a racket of his own, in Greenville, S.C., with a partner to stooge as floorman. "They opened a two-room office over a shoe store, with a sign on the door, 'Electro Medic Doctors,'" the biographer tells. "Splashy ads were inserted in

the Greenville Daily News—'Are You a Manly Man Full of Vigor?' The customers came in droves.

"Brinkley did the treatments. What the boys claimed to do was to administer salvarsan or neosalvarsan. Instead, they used colored distilled water, at $25 a shot. After two months of profitable business, the partners skipped." Their unpaid bills and bad checks were attracting police attention.

So far, the way of the medical transgressor had been hard—"scrounging for the means of existence," Carson says, with marital trouble to boot. Brinkley was divorced by the time he came out of hiding in Memphis. There he met the remarkable Minnie Telitha Jones. "Quietly and quickly" he proceeded to marry her. And the wheel of fortune started a slow upturn.

For the marriage not only brought him a wife with steady nerves and a firm hand on the cashbox; it also gave access to the genuine article he was trying to counterfeit. Both the father and the brother of the second Mrs. Brinkley were doctors.

It was a setback when police jailed the bridegroom for practicing without a license and for forgery. But "Dr. Jones put up the money to free his wayward son-in-law," Carson reports. The newlyweds made a new start.

By now Brinkley knew that physicians use the office wall instead of newspapers for their display advertising. So he went after diplomas. The first came from the Eclectic Medical Uni-

## Gold from gullibles

*Dr. John R. Brinkley was not usually chatty about his financial affairs. But he did say that his income in 1936 was either a half-million dollars or a million, he didn't remember which. The income of a typical G.P. at that time was between $3,000 and $3,500 a year. A typical specialist earned from $6,500 to $7,000.*

—From "The Roguish World of Doctor Brinkley"

versity of Kansas City, for a fee of $100 and a brief spell of study —"a few weeks, according to his own account," Carson says.

Licensing boards in only eight states recognized this school. "Hospitable Arkansas" was one, as Carson tells it, and one was enough. "The whole graduating class entrained for Little Rock. There they were shepherded to the Marion Hotel by two professors. The boys were seated at long tables to take the examination. In two and a half days they were doctors."

Reciprocity got Brinkley a Kansas license in February, 1916. Licenses to practice in Tennessee, Missouri, Texas, and Connecticut came later.

Legitimate at last, the young doctor "jumped fast into World War I as a medical officer," Carson tells. In two months, tachycardia earned him a discharge. As he probed Kansas for a soft spot to practice in, a succession of scratch jobs brought him in 1917 to the hamlet of Milford. Carson describes how he teamed up there with the goats:

"Milford was the 'wide place in the road' of traditional American rural humor, home to about 200 people. When he told his wife they would settle there, she cried. The town drugstore was empty. Brinkley rented it for $8 a month and put in a small stock;



*A 1935 photo shows Dr. Brinkley listening to his radio station, XER in Mexico. He made millions dispensing phony cures over its powerful wave-lengths.*



XUM

to relieve itching, burning skin lesions
just press the button on the can

Schering

METI-DERM® AEROSOL

prednisolone topical

for all steroid-responsive skin lesions · available with or without neomycin

5-472

there's
a better
move
than
scratching...



# IN BRIEF

## Vistaril®
HYDROXYZINE HYDROCHLORIDE
## Parenteral Solution

Vistaril is a rapid-acting calmative with a wide margin of safety. Its prepartum use generally permits a reduction in dosage of narcotics and barbiturates. Vistaril's antiemetic properties further enhance its pre- and postpartum usefulness.

**ACTIONS & INDICATIONS:** Vistaril, as part of a prepartum regimen, can safely relax your patients by allaying fear and apprehension.

**ADVANTAGES:** Vistaril produces a calming effect without hypnosis. Vistaril provides direct and secondary muscle relaxation. Vistaril apparently is nonaddicting—discontinuance after months of treatment has not produced withdrawal symptoms. Vistaril has a remarkable record of safety when used in recommended dosage. Unlike the phenothiazines, parkinsonism and blood or liver toxicities have not been reported with Vistaril. Unlike the rauwolfia derivatives, Vistaril acts rapidly, does not increase gastric secretions, and there have been no reports of nasal congestion, drug-induced depression, or sinusitis associated with its use. Unlike the meprobamates, there have been no reports of incoordination, ataxia, abdominal discomfort, anorexia, nausea, vomiting, diarrhea, allergic dermatitis, or anaphylactic reactions. VISTARIL PARENTERAL SOLUTION permits rapid action and may be given via I.M. or I.V. routes.

**CONTRAINDICATIONS:** There are no known contraindications to Vistaril.

**SIDE EFFECTS AND PRECAUTIONS:** Drowsiness may occur in some patients; if so, it is usually transitory, disappearing upon reduction of dosage or within a few days of continued therapy. Dryness of mouth may be encountered at higher dosages. The potentiating action of hydroxyzine must be taken into consideration when it is used in conjunction with C.N.S. depressants. Do not exceed 1 cc. per minute I.V. Do not give over 100 mg. per dose I.V. Parenteral therapy is for 24-48 hours, unless changed by judgment of physician.

**ADMINISTRATION AND DOSAGE:** Vistaril dosage varies with the state and response of each patient, rather than on a weight basis. Dosage should be individualized by the physician for optimum results. The usual parenteral dosage in prepartum sedation is 25-100 mg. I.M. or I.V. q. 4 h., p.r.n., (alone or in conjunction with reduced dosages of narcotics).

**HOW SUPPLIED:** *Vistaril Parenteral Solution*—10 cc. vials and 2 cc. Steraject® Cartridges, 25 mg. per cc.; 2 cc. ampules, 50 mg. per cc. *Vistaril Capsules* (as the pamoate)—25, 50, and 100 mg. *Oral Suspension* (as the pamoate)—25 mg. per 5 cc. teaspoonful.

More detailed professional information available on request.

PFIZER LABORATORIES
Division, Chas. Pfizer & Co., Inc., Brooklyn 6, N. Y.

XUM

# They can be separated

COMFORTABLE
PREPARTUM
SEDATION

FREQUENT
RESPIRATORY
DEPRESSION
AND HYPOTENSION

VISTARIL PARENTERAL SOLUTION (used either I.M. or I.V.) helps to achieve desired prepartum sedation while virtually eliminating undesirable reactions. The adjunctive use of hydroxyzine may materially reduce the amount of narcotic required for satisfactory analgesia, thus maintaining comfort for the mother while minimizing respiratory distress of the neonate. VISTARIL also effectively allays pre- and postpartum tensions and anxieties of the mother, and is valuable for its control of nausea and vomiting.



Vistaril®
HYDROXYZINE HYDROCHLORIDE
Parenteral Solution

Pfizer *Science for the world's well-being™*

XUM

# In rheumatoid arthritis



# when painful muscles relax inflamed joints need less steroid

When you use **SOMACORT** in arthritis, Soma® relaxes stiff muscles and relieves pain so that joint inflammation can be effectively controlled with smaller doses of prednisolone—safer for long-term use. **SOMACORT** saves your patients about 40% when compared to Soma and prednisolone prescribed separately.

**Usual dosage:** 1 or 2 **SOMACORT** Tablets 4 times daily. **Supplied:** as white, scored tablets, each containing 350 mg. Soma (carisoprodol) and 2 mg. prednisolone. Bottles of 50.

**SOMACORT**™

**anti-inflammatory/muscle relaxant/analgesic** (carisoprodol, Wallace, with prednisolone)

**Write for literature and samples.**

**WALLACE LABORATORIES,** Cranbury, New Jersey

## The phony fountain of youth

*After years of secretiveness, Brinkley was flushed out into the open by action to revoke his license in 1930. So he demonstrated his Four-Phase Compound Operation before the entire Kansas Board of Medical Registration. The board president, Dr. J. F. Hassig, reported:*

*"The operation consisted of an incision about two inches long in the inguinal region under a local anesthetic, exposing the spermatic cord, identifying the vas deferens, slitting it and injecting each way through a blunt needle about 2 cc. of one-half per cent Mercurochrome, after which the vas was tied above and below the slit and then completely severed.*

*"The epididymis was partially separated from the testicle, and into the loose tissue was planted the fresh gland of a young goat . . . The epididymis was then sutured back to the testicle, and the wound tightly closed with catgut sutures."*

—From "The Roguish World of Doctor Brinkley"

Mrs. Brinkley kept store. There were two rooms in the back. Brinkley set up an iron bed in one room and that was home. The other room served as a consultation office."

The young doctor fell into his peculiar specialty in a few weeks. A farmer who raised goats came to him complaining of being "a flat tire."

"The doctor could not hold out much encouragement," Carson says, "and the conversation be-

came general." It touched on goats.

"Doctor laughed gently: 'You wouldn't have any trouble if you had a pair of those buck glands in you.'

" 'Well, why don't you put 'em in?'

"At first, Brinkley rejected the idea. But the patient was pleading, and in the end the thing was done with a local anesthetic. Two weeks later, the patient reported the return of normal libido. A year later, his wife was delivered of a ten-pound boy.

"Soon another farmer sidled into the drugstore and winked. He too, eventually, reported complete restoration of his powers.

" 'I was the first man that ever did this operation,' Doctor maintained." Soon he was recommending it routinely in childless marriages. Then livelier vistas opened. Let Carson tell it:

"One day, as Brinkley was passing the barbershop, the loungers were kidding old Charley Tassine about whether he would have an operation, and he said he would if he had the money. Brinkley said, 'I will give it to you for nothing.'

"He got married right afterwards. It was understood in Milford that Charley Tassine 'had become a regular billy goat, twice as good as any other man around.' More and more elderly callers came to demand Doctor's services.

"Brinkley reasoned, and brilliantly, that if he had a restorative for the libido, as it appeared he did, frustrated males over 50 would pack up their old kit bag and hit the trail for Milford and the promise of autumnal gratification."

When Mrs. Brinkley inherited some money in 1918, her husband built a sixteen-bed frame hospital "along the lines of a boarding house," according to Carson. "Hospital letterheads show what purported to be three physicians. The others were Minnie T. Brinkley and 'Dr.' Horatio Osborn, of the Kansas City [diploma mill]. Neither had a license to practice in Kansas.

"Out back there were pens for goats." Early patients had brought their own. The first man, by good luck, provided a



XUM

from the medical research laboratories of 3M Company

A TOTALLY NEW ADHESIVE TAPE

Reg. U. S. Pat. Off.
Scotch BRAND
SURGICAL TAPE
MICROPOROUS
No. 530



XUM

# ...ENDS DISTRESSING IRRITATION AND PAINFUL REMOVAL!

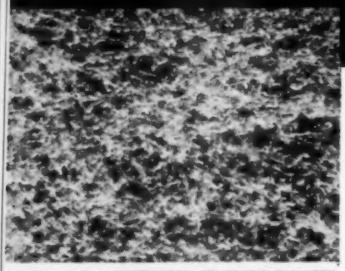
Reg. U. S. Pat. Off.

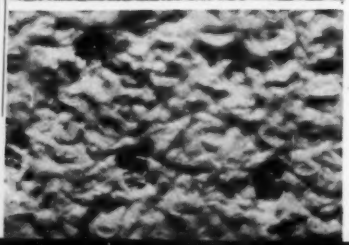
# Scotch

# SURGICAL TAPE

# MICROPOROUS

No. 530





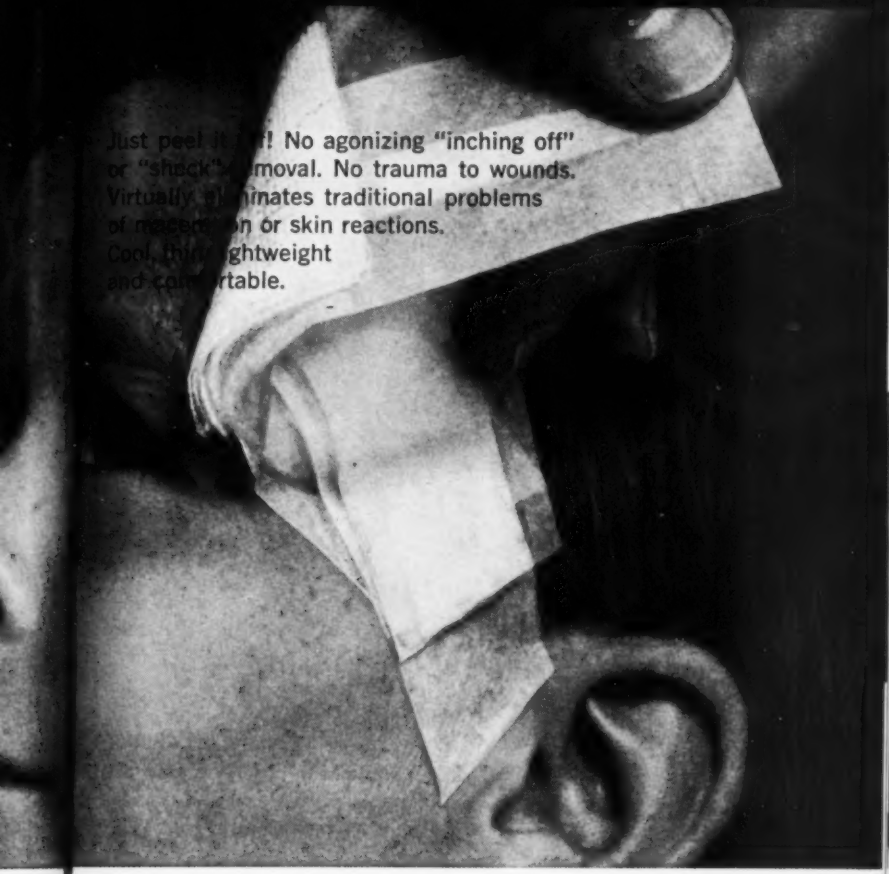
## FIRST PHYSIOLOGICALLY INERT, MICROPOROUS TAPE

Macrophoto of "SCOTCH" Brand Surgical Tape shows totally microporous structure of new non-woven rayon backing and thin, non-mobile adhesive. The tape permits free evaporation of perspiration and exudates, minimizes interference with skin function, does not embed hairs, sticks fast – even in baths! – but does not tend to tangle or stick to rubber gloves.

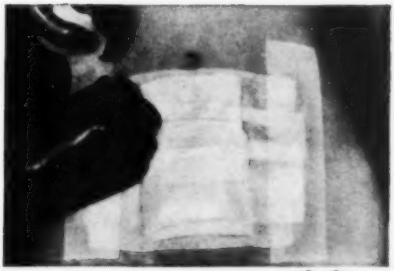
## ORDINARY PERFORATED TAPE

In contrast, thick "creeping" adhesive layer of conventional tapes forms occlusive barrier, plugs widely spaced perforations, embeds and pulls hairs . . . contains irritating natural rubbers and resins.

XUM




**Application:** Unlike conventional adhesive tapes, new "SCOTCH" Surgical Tape does not slip or "creep" and should ordinarily be laid on without tension. Where tension is desired or anticipated, shear stress on the skin may be prevented by cross strips of "SCOTCH" Surgical Tape at the ends of primary application.



Available in usual widths, ½ in. to 3 in., 10 yd. rolls. For further information, write to:

**MINNESOTA MINING AND MANUFACTURING COMPANY**

3M COMPANY

**. . . WHERE RESEARCH IS THE KEY TO TOMORROW**

"SCOTCH" IS A REGISTERED TRADEMARK OF 3M CO.

XUM

practically odorless Toggenberg. Two who availed themselves of Angoras, as Carson tells it, subsequently "smelled to high heaven. After that fiasco, Dr. Brinkley used Toggenbergs exclusively. A patient could pick his own goat in advance, like a guest at a Maine shore place selecting his dinner from the lobster pound."

Such niceties, however, failed to ward off bankruptcy in 1919. About then the doctor was fined for bootlegging.

Chasing patients, Brinkley hopefully stabled fifteen goats in Chicago. The health department shooed him out before the licensing board got to him. He moved on to minister to limp libidos in hotel rooms (private bath for the goat) in New York, Connecticut, and California.

It was in Los Angeles in 1922 that an influential newspaper publisher made a refueling stop at the Brinkley suite in the Alexandria Hotel. His endorsement started a stampede. By the time the California licensing board spotted the phony diploma-mill credentials, Carson says, the traveling gland salesman had cleaned up $40,000 and crossed the state line. The next year, he cruised around the world to relax. Customers were banging on his Milford door.

By 1926, according to Carson, goat pens of the Kansas Mephistopheles had given a second lease on sex to some 4,000 Fausts. The gland tinkerer was attracting more patients than many legitimate surgeons. How did he do it?

"My success is due to the prayers of my sainted mother and the side-by-side fellowship of Mrs. Brinkley," he once announced. But Carson sees him deliberately building a facade of personal and professional rectitude to screen the robbery and mayhem of a surgical hold-up man.

He barged into any medical organization that left the door ajar. The A.M.A., American Congress of Internal Medicine, Association for the Study of Internal Secretions, and American Hospital Association all accepted dues from him.

"His nimbleness in climbing the professional ladder was never more striking," Carson



**Finding no organic disease,** the doctor's diagnosis was recurring states of anxiety. He prescribes Meprospan-400, the only meprobamate in *sustained-release* form.



**Patient takes one** Meprospan-400 capsule at breakfast. Her tension is soon relieved, and she will not need another capsule till dinner.



**Calm and relaxed,** the patient is no longer bothered by pressures of everyday life, nor will she have autonomic disturbances, drowsiness or ataxia.



**Alert and attentive,** the patient participates in a P.T.A. meeting, following her evening capsule of Meprospan-400. Meprospan-400 does not interfere with her normal activities or mental efficiency.



**She sleeps peacefully,** for Meprospan-400 has relieved the tensions that previously kept her tossing and turning throughout the night.

**most widely prescribed tranquilizer . . .**
**most convenient dosage form . . .**

**ONE CAPSULE LASTS 12 HOURS**

# Meprospan®-400

400 mg. MILTOWN® SUSTAINED-RELEASE CAPSULES

**Usual dosage:** One capsule at breakfast lasts all day, one capsule with evening meal lasts all night. **Supplied:** Meprospan-400, each blue-topped *sustained-release* capsule contains 400 mg. Miltown. **Also available:** Meprospan-200, each yellow-topped *sustained-release* capsule contains 200 mg. Miltown.

Both potencies in bottles of 30 capsules.

**Samples and literature available on request.**

WALLACE LABORATORIES / *Cranbury, N. J.*

CME-3159

comments, "than in his acquisition of a medical degree from the Royal University of Pavia, in Italy. He landed with letters of introduction from one of his teachers at the Eclectic Medical University. Brinkley received the degree of Doctor of Surgery in June, 1925." Italian sheepskin in hand, he advanced on London, and was admitted as a member of the British Medical Association.

"Both the British and the Italians later regretted their impulsiveness. Someone told them they had been put upon. Doctor was informed that his degree had been annulled. The University demanded its return, but he refused. The British Medical Association, having heard from the A.M.A.'s Bureau of Investigation, also cast him out."

In such jockeying, Brinkley seemed unhampered by normal restraints. Carson finds, in fact, "more than a hint that Doctor had a schizophrenic personality." For example, he used the practice-building tactics of a circus side-show barker.

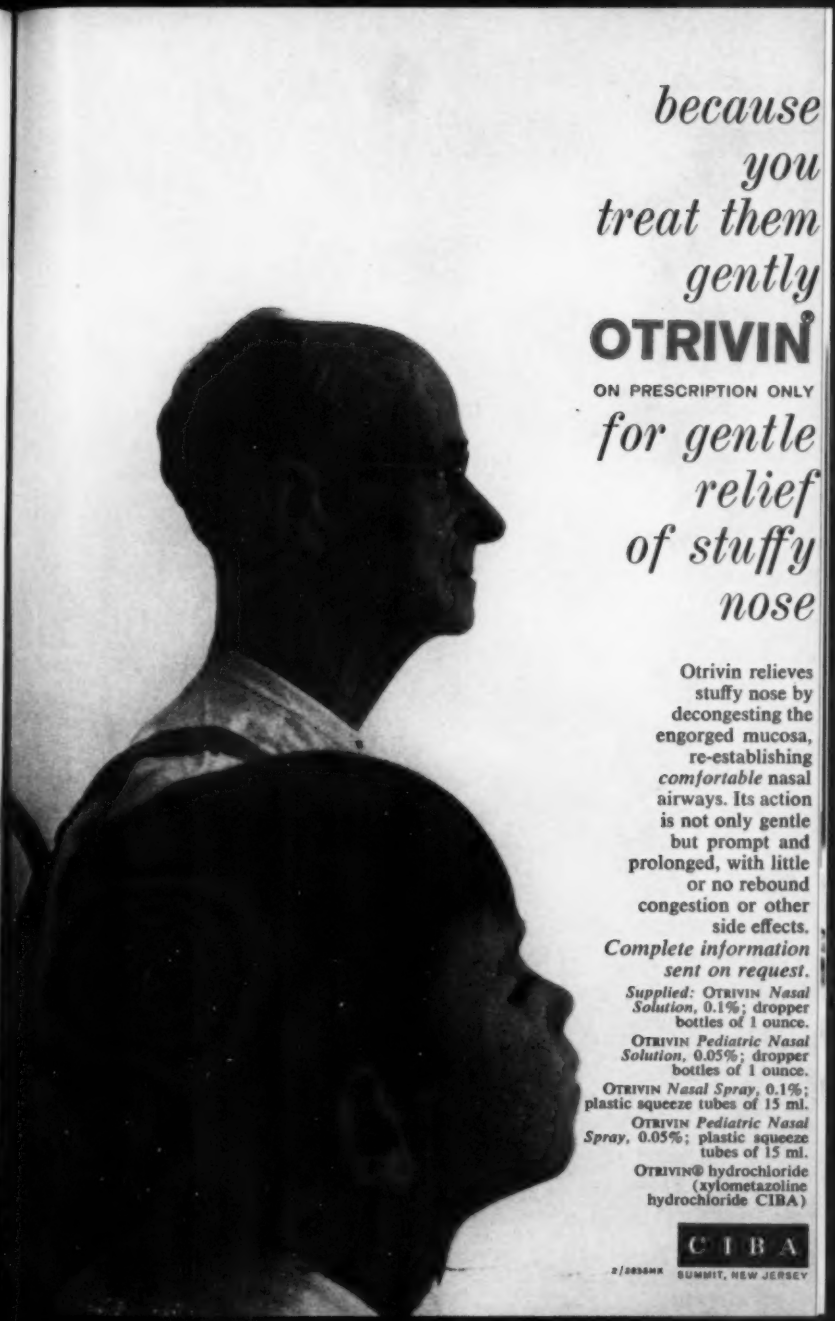
Eventually three publicists nested on his payroll, one each at Milford, Topeka, and Chicago. His hospital's extension department—"nom de plume for advertising department," Carson comments—mailed out tons of publicity. There were testimonials: "This young man was in the Diplomatic Service and quite insane. Completely cured." Others attested to relief from "Husband Acted Queerly" and "Seemed to Be Floating Through Space."

Form letters to fit any symptom lay ready to be "personalized" when a prospect's name came within reach. The Human Glands letter went only to prospects moneyed enough for a $5,000 fling (marked down from $10,000): "Why lower yourself to the level of the beasts of the field by having the glands of a goat, when you may have the glands of a healthy young man? I guarantee that the seller will not be over 35 years of age."

Radio, however, was what really put Brinkley into orbit. By September, 1923, within months after Americans heard their first commercial, little Milford had one of the two most powerful transmitters in the



XUM



*because you treat them gently*

**OTRIVIN®**

ON PRESCRIPTION ONLY

*for gentle relief of stuffy nose*

Otrivin relieves stuffy nose by decongesting the engorged mucosa, re-establishing *comfortable* nasal airways. Its action is not only gentle but prompt and prolonged, with little or no rebound congestion or other side effects.

*Complete information sent on request.*

*Supplied:* OTRIVIN *Nasal Solution*, 0.1%; dropper bottles of 1 ounce.

OTRIVIN *Pediatric Nasal Solution*, 0.05%; dropper bottles of 1 ounce.

OTRIVIN *Nasal Spray*, 0.1%; plastic squeeze tubes of 15 ml.

OTRIVIN *Pediatric Nasal Spray*, 0.05%; plastic squeeze tubes of 15 ml.

OTRIVIN® hydrochloride (xylometazoline hydrochloride CIBA)

CIBA

2/2836MX SUMMIT, NEW JERSEY



Each tablet contains:
Provera (medroxyprogesterone acetate) 2.5 mg.
Cardrase (ethoxzolamide) ..... 35 mg.
Levanil (ectylurea) ..... 300 mg.

DOSAGE: 1 tablet 1 or 2 times daily, 5-10 days before the period.

THE UPJOHN COMPANY / KALAMAZOO, MICHIGAN

# CȳTRAN

## GETS AT THE PROBABL AU

## to restore hormonal balance...

*corrective therapy* Because Cȳtran contains the new progestin, Provera,† you can now reach the probable *cause* of premenstrual tension—hormonal imbalance. Estrogen-progesterone ratio is adjusted to more normal pre-menstrual balance. Thus even abdominal discomfort, shakiness, fatigue—symptoms incompletely controlled by mere symptomatic treatments—are effectively relieved.



## to comfort the patient...

*symptomatic therapy* An effective diuretic (Cardrase†) and a mild tranquilizer (Levanil†) afford symptomatic relief while Provera works to effect a res-toration of hormonal balance. They also supplement the activity of Provera in those rare cases where restoration of hormone balance does not completely eliminate edema and anxiety/tension.

*TRADEMARK †TRADEMARK, REG. U.S. PAT. OFF.

XUM

Upjohn

# AUSE OF PREMENSTRUAL TENSION



XUM

United States—KFKB. Carson gives a sample:

"Sometimes as early as 5 A.M. or as late as 11 P.M., Doctor's woolly preacher's voice would come burrowing in: 'Don't let your doctor two-dollar you to death . . . Come to Dr. Brinkley . . . I can cure you the same as I did Ezra Hoskins of Possum Point, Missouri.'

"Every night except Sunday, he explained the male change of life. Boccaccio and Rabelais were tame in comparison. Middle-aged farmers became bemused by reveries of satyrs capering in pursuit of nymphs and almost forgot about the price of wheat."

On Sundays he preached. Some found this the most palatable bait of all. For example, Andy Whitebeck of Council Bluffs, Iowa, journeyed to Milford short of cash but full of faith. "Brinkley," Andy believed, "was such a good Christian that, when he found out how poor Andy was, maybe like the good Samaritan he'd do it for nothing."

But Andy learned. The man who preached the Golden Rule practiced "the iron code of the charlatan: Never give a sucker a break." No money, no operation.

"In 1927 an only child was born to the Brinkleys, John Richard Jr.—not, it was stated emphatically, a goat-gland baby. By the time Johnny Boy was 2 years old, he was on the air, greeting his friends of radioland in his childish treble." Then anyone who so much as wrote a fan letter to KFKB, according to Carson, got on the hospital mailing list.

To boost business, Brinkley designed a new kind of vivisection, gave it the flashy name of Four-Phase Compound Operation, and attached a $750 price tag.

Now that hormone therapy was emerging from its early murk, he may have sensed greater resistance to his spiel about refillable glands. Anyway, he had the no-man-wants-to-be-a-capon market pretty well cornered. So he annexed new sales territory. His publicity started plugging the operation as a remedy for enlarged prostate.

"Here was something," says

contain
upper
respiratory
infection

# Tain

(Triacetyloleandomycin, Triaminic® and Calurin®)



inner
protection
with...

## safe antibiosis

Triacetyloleandomycin, equivalent to oleandomycin 125 mg. This is the URI antibiotic, clinically effective against certain antibiotic-resistant organisms.

## fast decongestion

Triaminic®, 25 mg., three active components stop running noses. Relief starts in minutes, lasts for hours.

## well-tolerated analgesia

Calurin®, calcium acetylsalicylate carbamide equivalent to aspirin 300 mg. This is the freely-soluble calcium aspirin that minimizes local irritation, chemical erosion, gastric damage. High, fast blood levels.

TAIN brings quick, symptomatic relief of the common cold (malaise, headache, muscular cramps, aches and pains) especially when susceptible organisms are likely to cause secondary infection. Usual adult dose is 2 Inlay-Tabs, q.i.d. In bottles of 50. ℞ only. Remember, to contain the bacteria-prone cold ...TAIN.

SMITH-DORSEY · Lincoln, Nebraska
a division of The Wander Company

Carson, "that could be brought home to the majority of males past 40 in the United States. What a market!"

Step into the trap at Milford and you'd find medical ethics suspended. "Patients often came for examination upon the premise that they would be sent home if they did not need an operation," Carson reports. But John L. Zahner of Lenaxa, Kansas, learned otherwise. He found an assembly line that loaded up on Sunday, delivered all to the operating room on Monday, and dumped everyone out at the end of the week.

"He arrived on the train with some twenty other men. They lay in bed till called for examination. Mrs. Brinkley paid Zahner an eerie midnight call, announced that he was a borderline case, from which he understood that he was near the borderline separating life from death. She had a check filled out in the amount of $750 for him to sign.

" 'She scared me,' he confessed later. 'I never would have signed had she come to me in daylight.'

"One stubborn patient spent the whole night wrestling with the problem. He was a poor man. Mrs. Brinkley would stop by his bed, show him a chart, and hold out danger of uremic poisoning. Finally he told her he would go ahead. She said, 'Your check, Mister?'

"The arithmetic of this booming practice may be worked out quite easily. Fifty operations a month, as an average, at $750 each, makes a gross take of $37,500 monthly.

"And Brinkley had other devices for separating youth-seekers from their money. He prepared and shipped by express, collect, a 'Special Gland Emulsion,' a month's supply of freshly macerated glands from two goats, with a rectal syringe for administering the treatment. This sold for $100."

Though goat glands became Brinkley's second name, it was as purveyor of something less frolicsome that he reached his apogee.

By 1928, he had initiated KFKB's "Medical Question Box." It let him peddle prescriptions over the air to patients un-

# ALL OVER AMERICA!

## KENT with the MICRONITE FILTER IS SMOKED BY MORE SCIENTISTS and EDUCATORS

### than any other cigarette !*




THIS does not constitute a professional endorsement of Kent. But these men, like millions of other Kent smokers, smoke for pleasure, and choose their cigarette accordingly.

The rich pleasure of smoking Kent comes from the flavor of the world's finest natural tobaccos, and the free and easy draw of Kent's famous Micronite Filter.

If you would like the booklet, "The Story of Kent", for your own use, write to: P. Lorillard Company—Research Department, 200 East 42nd Street, New York 17, New York.

## For good smoking taste, it makes good sense to smoke KENT

* Results of a continuing study of cigarette preferences, conducted by O'Brien Sherwood Associates, N.Y., N.Y.

A PRODUCT OF P. LORILLARD COMPANY FIRST WITH THE FINEST CIGARETTES THROUGH LORILLARD RESEARCH © Inst. P. LORILLARD CO.

seen, unheard, unknown. Carson tells us how the new racket worked:

"Listeners wrote describing their symptoms. A secretary would pick out as many letters as she thought Doctor could handle in half an hour, say twenty-five or thirty, and put them on his desk. This was done three times a day. The rest of the mail was swept into the wastebasket. Usually Doctor simply picked up the letters as he went to the microphone, leafed through them, and made a 'snapshot' diagnosis.

"A bedtime-story voice would announce: 'At this time, folks, friends, and all who are weary and oppressed, Doctor John R. Brinkley will deliver his message to humanity . . .' And then came Doctor.

" 'Now here is a letter from a dear mother—a dear little mother who holds to her breast a babe of nine months. She should take Number 2 and Number 16 and—yes—Number 17, and she will be helped. Brinkley's 2, 16, and 17. If her druggist hasn't got them, she should write and order them from the Milford Drug Company, Milford, Kansas, and they will be sent to you, Mother, collect. May the Lord guard and protect you, Mother. The postage will be prepaid.' "

At first his own drugstore shipped out the remedies. Then Brinkley became a wholesaler. Carson tells how: "A list of his prescriptions, coded by number, was sent out to druggists generally. All were common preparations. Prices ranged from $3.50 to $10. Druggists put up the medicines and kicked back $1 to Doctor on each prescription sold. Many reported increases in prescription business up to $75 and even $100 a day."

The other side of the story is suggested by testimony Carson quotes from a Kansas physician, Dr. H. W. Gilley. He made an emergency call to a rural mail carrier who had been taking Number 50, at $3.50 a bottle, for his liver. The patient was in shock.

"This Number 50 is composed of Hydrastis, cascara, and Chionanthus," Dr. Gilley said. "The cost should not exceed seventy-five cents. The action was so drastic as to tear open an old

## New from Upjohn ... a base that approximates normal skin oils

Veriderm, developed by Upjohn research, is a unique dermatologic medium; both qualitatively and quantitatively, it parallels the oily constituents found in normal human skin. Veriderm Medrol is designed specifically to enhance steroid dispersion and effectiveness. Less greasy than ointments, less drying than lotions, Veriderm Medrol corrects dry skin conditions associated with many dermatoses.

The outstanding effectiveness of Medrol, the active agent, elicits prompt and often dramatic response in neurodermatitis, contact dermatitis, anogenital pruritus, atopic dermatitis, seborrheic dermatitis.

**Available in four formulations: Veriderm Medrol Acetate**

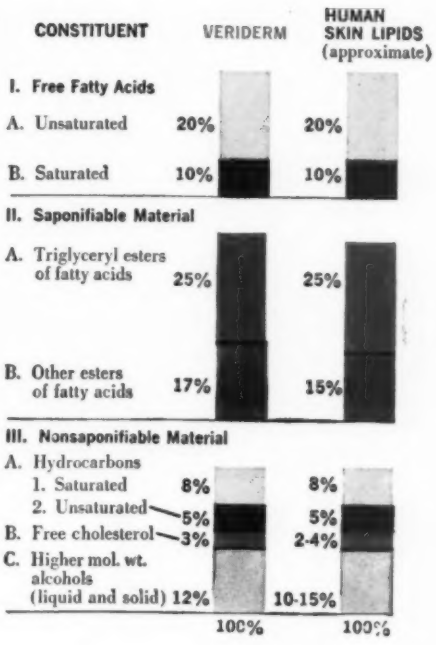
0.25%—Each gram contains:
Medrol (methylprednisolone) Acetate (0.25%) . . . . . 2.5 mg.
Methylparaben . . . . . 4 mg.
Butyl-p-hydroxybenzoate . . . . 3 mg.

1%—Each gram contains:
Medrol (methylprednisolone) Acetate (1%) . . . . . 10 mg.
Methylparaben . . . . . 4 mg.
Butyl-p-hydroxybenzoate . . . . 3 mg.

**For secondarily infected dermatoses Veriderm Neo-Medrol Acetate**

0.25%—Each gram contains:
Medrol (methylprednisolone) Acetate (0.25%) . . . . . 2.5 mg.
Neomycin Sulfate . . . . . 5 mg.
(equivalent to 3.5 mg. neomycin base)
Methylparaben . . . . . 4 mg.
Butyl-p-hydroxybenzoate . . . . 3 mg.

1%—Each gram contains:
Medrol (methylprednisolone) Acetate (1%) . . . . . 10 mg.
Neomycin Sulfate . . . . . 5 mg.
(equivalent to 3.5 mg. neomycin base)
Methylparaben . . . . . 4 mg.
Butyl-p-hydroxybenzoate . . . . 3 mg.




Upjohn

in 5 Gm. tubes

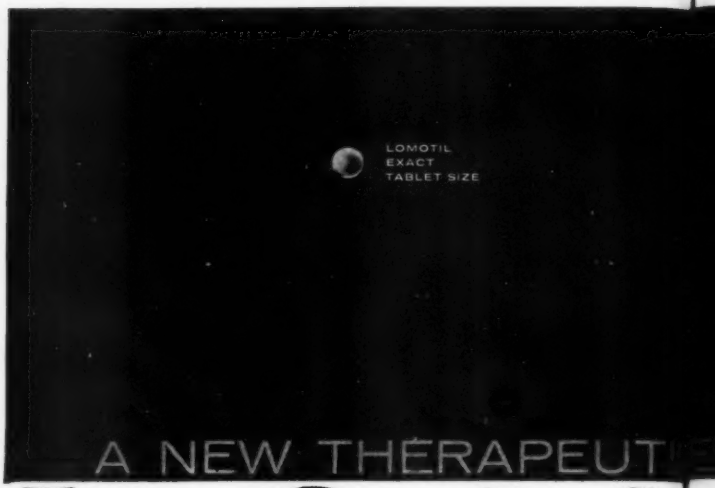
# Veriderm* Medrol†

the corticosteroid that hits the disease, but spares the patient.

The Upjohn Company, Kalamazoo, Michigan

*Trademark

†Trademark, Reg. U. S. Pat. Off.—methylprednisolone, Upjohn




A NEW THERAPEUT

# LOM

SELECTIVELY LOWER

**LOMOTIL** represents a major advance over the opium derivatives in controlling the propulsive hypermotility occurring in diarrhea.

Precise quantitative pharmacologic studies demonstrate that Lomotil controls intestinal propulsion in approximately 1/11 the dosage of morphine and 1/20 the dosage of atropine and that therapeutic doses of Lomotil produce few or none of the diffuse untoward effects of these agents.

Clinical experience in 1,314 patients amply supports these findings. Even in such a severe test of antidiarrheal effectiveness as the colonic hyperactivity in patients with colectomy, Lomotil is effective in significantly slowing th fecal stream.

Whenever a paregoric-like action indicated, Lomotil now offers positi antidiarrheal control . . . with safety greater convenience. In addition, a nonrefillable prescription produ Lomotil offers the physician full cont of his patients' medication.

**PRECAUTION:** While it is necessa to classify Lomotil as a narcotic, no stance of addiction has been enco tered in patients taking therapeu doses. The abuse liability of Lomotil comparable with that of codeine. tients have taken therapeutic doses Lomotil daily for as long as 300 d

UTHENTITY FOR DIARRHEA

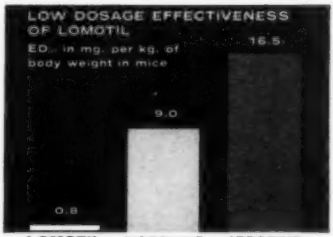
MOTIL®

WER PROPULSIVE MOTILITY

without showing withdrawal symptoms, even when challenged with nalorphine.

Recommended dosages should not be exceeded.

DOSAGE: The recommended initial dosage for adults is two tablets (5 mg.) three or four times daily, reduced to meet the requirements of each patient as soon as the diarrhea is controlled. Maintenance dosage may be as low as two tablets daily. Lomotil, brand of diphenoxylate hydrochloride with atropine sulfate, is supplied as unscored, uncoated white tablets of 2.5 mg., each containing 0.025 mg. (1/2400 gr.) of atropine sulfate to discourage deliberate overdosage.




EFFICACY AND SAFETY of Lomotil are indicated by its low median effective dose. As measured by inhibition of charcoal propulsion in mice, Lomotil was effective in about 1/11 the dosage of morphine hydrochloride and in about 1/20 the dosage of atropine sulfate.

Subject to Federal Narcotic Law.

Descriptive literature and directions for use available in Physicians' New Product Brochure No. 81 from

G. D. SEARLE & CO.
P.O. Box 5110, Chicago 80, Illinois

*Research in the Service of Medicine*

ulcer and cause hemorrhage. X-ray pictures showed the pyloric orifice nearly closed. It will be imperative to make a new opening surgically."

Giving away prescriptions "substantially augmented Doctor's income," Carson points out. "A rumor filtered out from banking circles that the amount averaged about $10,000 a week." That's a half-million a year. And the Medical Question Box flourished for thirteen years. Meanwhile, KFKB won the Radio Digest Magazine gold cup as the most popular station in the United States.

How did Brinkley get away with it?

First, he worked behind a capric curtain the authorities couldn't penetrate. What really went on in Milford? Patients didn't tell. "Recipients of billy-goat gonads were not loquacious about their desire to enlarge their sex life," Carson comments. The town was isolated. Everyone there was either on the goat-glander's payroll or on his side.

"The local banker was a stockholder in Doctor's radio station. The daughter of the county sheriff was Brinkley's secretary. The local editor did Doctor's printing. Doc's heavy mailings raised the pay of the postmaster from $20 a month to $120.

"On a good day some 500 people would come flocking to the goat-gland Mecca." No wonder the citizens petitioned the court to change the town's name to Brinkley.

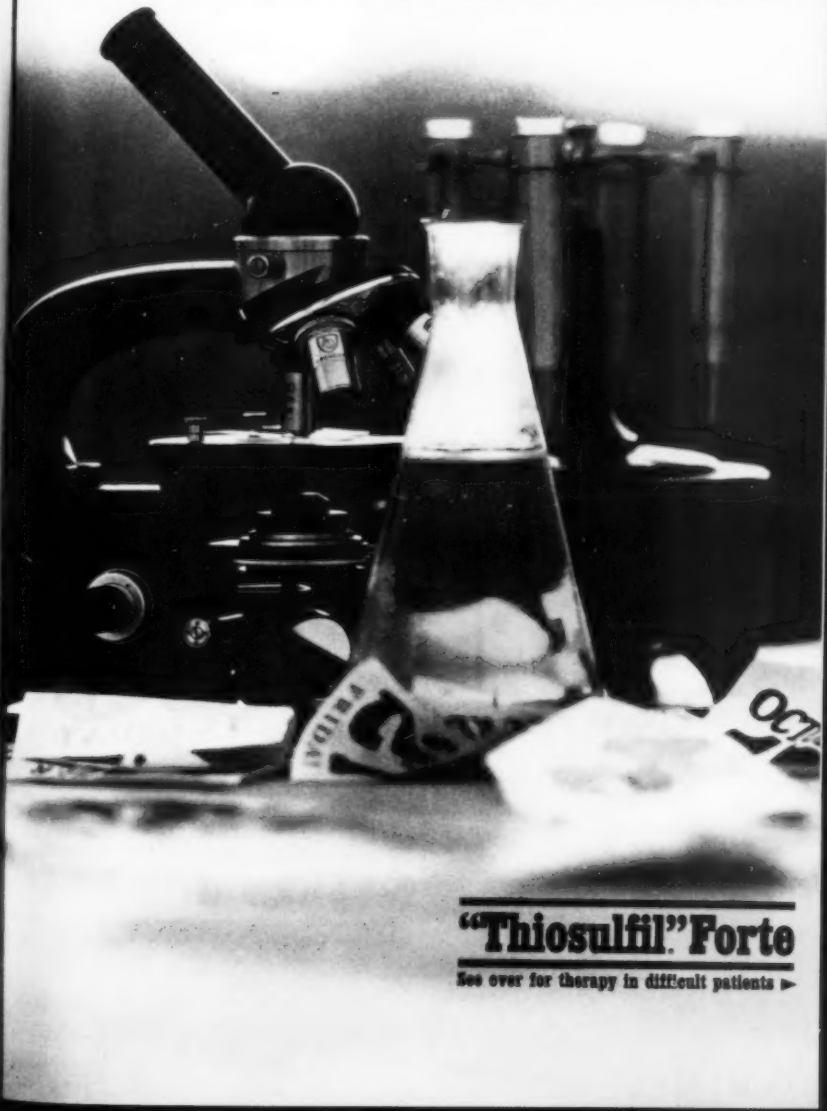
If someone in near-by Junction City talked out of turn, white-coat gangsterism set in. "Doctor sent detectives to call upon his critics and make them think twice before they opened their mouths again." When Dr. L. R. King got the intimidation treatment, Brinkley follow-up men subtly threatened a libel suit.

This outlaw surgeon's sharpest instrument was the law. Brinkley was what his biographer calls "well deployed legally." His counsel included a former attorney general of Kansas and former Congressman, a son-in-law of the Kansas governor, and in Washington the son of a Kansas Congressman. In addition, there was a Kansas



XUM

THE SULFA COMPOUND THAT IS ESPECIALLY VALUABLE IN URINARY TRACT INFECTIONS BECAUSE IT CAN BE GIVEN SAFELY—WITHOUT INTERRUPTION—FOR WEEKS, MONTHS...EVEN YEARS.



"Thiosulfil" Forte

See over for therapy in difficult patients ►

**HOW TO IMPROVE THE PROGNOSIS IN THE DIFFICULT PATIENT WITH URINARY TRACT INFECTION: Proof of effectiveness and record of safety in long term therapy are two important factors in the selection of a sulfa, particularly when the infection is stubborn and recurrent; occurs during pregnancy; in prostatitis; in patients with indwelling catheters; when stasis is a potential cause of ascending infection. "Thiosulfil" Forte is specially valuable in the treatment of problem patients with urinary tract infection as demonstrated by years of clinical experience.**

## RECORD OF SAFETY

In clinical studies of over 3,600 patients, the number of reactions, none serious, was less than 2 per cent.[1-6] " 'Thiosulfil' was remarkably well tolerated, there being no discontinuation of treatment due to untoward effects, and very few mild reactions were noted."[2] "The drug can be taken over a long period of time with practically no untoward side reactions."[3] "Clinical trial appears to indicate that the drug can be tolerated where other sulfa drugs can not and that it is effective where some others are not."[4] Out of 3,057 cases . . . 47 patients (1.6%) showed g.i. disturbances and 33 patients (1.1%) allergic reactions.[1] NO REPORTS OF: hemorrhagic dyscrasias, hematuria, anuria, agranulocytosis.

## PROOF OF EFFECTIVENESS

A review of more than 3,600 reported cases on "Thiosulfil" demonstrates: a) adequate drug dosage can be simply and economically achieved with a minimum incidence of complicating side effects; b) the antibacterial agent can be given over longer periods of time, particularly in cases involving urinary stasis.

Specific For Urinary Tract Infections: "Thiosulfil" reaches greater urinary concentrations in the active, free, nonmetabolized form than any other sulfa, single or mixed. "Thiosulfil" is rapidly excreted; as much as 79% of the drug is found in the urine after eight hours—of this, 98% is in the active form.[5] The entire g.u. tract is, thus, subjected to continual "sulfa baths" of active drug—more wide spectrum antibacterial activity at site of infection.

Even where urinary stasis exists and cannot be readily corrected, prolonged or even indefinite use of "Thiosulfil" on a reduced dosage schedule will usually keep the infection under control, patients comfortable, and side effects minimal. "Thiosulfil" may materially reduce the likelihood of infections ascending to the parenchyma of the kidneys and subsequent serious systemic involvement.

## DOSAGE (Urinary Tract Infections)

| TIME PERIOD | DOSE |
|---|---|
| First two weeks | 3 Gm./day[1] |
| 2 weeks to 3 months | 2 Gm./day[2, 6] |
| 3 months or longer | 0.5 Gm./day[7] |

Suggested Range of Dosage: 1 or 2 tablets three or four times daily. Note: The usual precautions exercised with sulfonamides should be observed.

Supplied: No. 786: Each tablet contains 0.5 Gm. sulfamethizole; in bottles of 100 and 1,000 scored tablets.

References—1. Bourque, J.P., and Gauthier, G.E.: Seven years experience with sulfamethizole, to be published. 2. Bourque, J.P., and Joyal, J.: Canad. M.A.J. 68:337 (Apr.) 1953. 3. Barnes, R. W.: J. Urol. 71:655 (May) 1954. 4. Goodhope, C. D.: J. Urol. 72:552 (Sept.) 1954. 5. Boger, W. P.: The Antibacterial Sulfonamides: Comparative Studies, Scientific Exhibit Section, American Academy of General Practice Eleventh Annual Scientific Assembly, Apr. 6-9, 1959, San Francisco, California. 6. Cottrell, T. L. C., Rolnick, D., and Lloyd, F. A.: Rocky Mountain M. J. 56:66 (Mar.) 1959. 7. Hughes, J., Coppridge, W. M., and Roberts, L. C.: North Carolina M. J. 17:320 (July) 1956.

**THE SULFA COMPOUND THAT IS ESPECIALLY VALUABLE IN URINARY TRACT INFECTIONS BECAUSE IT CAN BE GIVEN SAFELY—WITHOUT INTERRUPTION—FOR WEEKS, MONTHS...EVEN YEARS**

**"Thiosulfil" Forte**

AYERST LABORATORIES, NEW YORK 16, N.Y., MONTREAL, CANADA

City lawyer on a $10,000 annual retainer.

Beyond the legal barricade, Carson sees a political machine. "There had been scarcely a candidate for state office but had done an important part of his campaigning over the Milford radio station, at no cost. Brinkley reinsured his position by making substantial campaign contributions to both the Democrats and Republicans." So when the California licensing board wanted to prosecute him, the Governor of Kansas refused to extradite him.

But the pride of Eclectic Medical U. finally went too far, says Carson, "when he shifted his advertising from goat glands, a subject upon which victims were silent, to prostatic troubles, which patients could talk about. Physicians decided the time had come to fix Brinkley's wagon.

"Under Dr. Morris Fishbein, the Journal of the A.M.A. hammered at Doctor for 'blatant quackery.'" State and local societies pincered in. The Pratt County society ordered reprints of the J.A.M.A. exposé. They passed the ammunition to colleagues throughout the state, who put 100,000 copies into circulation.

First casualty was a Junction City physician, Dr. William S. Yates. Among the people to whom he handed out J.A.M.A. reprints were spies from Milford. "Dr. Yates found himself, along with Dr. Fishbein, a defendant in a libel suit which asked $600,000 in damages," Carson relates.

The Kansas City Star pitched in, publishing death certificates of goat-gland graftees who died after surgery. Brinkley's defense: "They didn't die of the operation; they died of tetanus."

The only constant thing about Brinkley was his unpredictability, the biographer says. "When the Star began to look into his hazy past, Doctor slapped a $5-million libel suit on the paper. Yet, when Ralph Ellis of the Journal-Post went after Doctor in some articles, he received a complimentary live goat from Milford by express."

After the publicity and nuisance value had been extracted,

Introducing

# Miluretic*

MILTOWN® + HYDROCHLOROTHIAZIDE

## new therapy for hypertension and congestive failure

*Write for samples and complete literature to*
WALLACE LABORATORIES/Cranbury, N.J.

*Trade-mark

# lowers blood pressure
# drains excess water
# calms apprehension

Now for the first time, the most widely prescribed diuretic-antihypertensive, hydrochlorothiazide, is combined with the most widely prescribed tranquilizer, meprobamate. Called "Miluretic", it constitutes new therapy for hypertension and congestive failure—*especially when emotional factors complicate treatment.*

What does Miluretic do? Both components are of proven value in the management of hypertension. In congestive failure, Miluretic provides smooth, continuous diuresis. But Miluretic's biggest advantage is that it tranquilizes hypertensive and edematous patients safely and quickly—*a boon to the physician whose patients' emotional reaction to their condition complicates therapy.*

## new Miluretic

MILTOWN + HYDROCHLOROTHIAZIDE

**Composition:** 200 mg. Miltown (meprobamate, Wallace) + 25 mg. hydrochlorothiazide

**Dosage:** For hypertension, 1 tablet four times a day. For congestive failure, 2 tablets four times a day.

**Supplied:** Bottles of 50 white, scored tablets

***Available at all pharmacies***

all the libel suits were discreetly dropped. But the enraged Brinkley's radio talks kept up a steady sniping at "the American Meatcutters Association" and "little Fishy Fishbein." Carson tells how the master faker "likened himself to Jesus, 'persecuted for healing the sick,' suffering the anger of the 'learned doctors.' He would say nothing in reply. Well—not much. Just that they were lazy, incompetent, gone-to-seed diagnosticians and outrageous fee splitters.

"Around the end of April, 1930, the Kansas Medical Society filed a complaint with the Kansas State Board of Medical Registration, enumerating these reasons why Brinkley's license should be revoked: gross immorality, addiction to liquor, malpractice, and unprofessional conduct. He appealed to the Kansas Supreme Court and the Supreme Court of the United States. They refused to halt the hearing.

"It opened on July 15, 1930, in a stifling hot room in Topeka. A parade of talkative Brinkley testimonialists ran riot, extending the record with irrelevancies about the friendliness, bathrooms, sheets, and pillowcases at the Brinkley Hospital. Then the board heard testimony from patients incapacitated by infections, also from urologists and other specialists, including Dr. Charles H. and Dr. William J. Mayo.

"When Brinkley took the stand in his own defense, he issued a bold challenge. He invited the board to go to Milford and see him perform his specialty. The board accepted.

"At Milford the crowd squeezed into a small room. An orderly held a small, frightened, Mercurochromed male goat. A woman surgeon, her fingers also Mercurochromed, had a tray of instruments at hand, a nurse beside her with some gauze. The goat gave an agonized bleat, and two little glands were laid on the gauze. The surgeons noted that aseptic precautions were not adequate. Goat number 2 appeared in a minute.

"Two operations were performed upstairs. Brinkley lectured as he worked. No one who saw his cool performance under the unfriendly eyes of this audi-

Each of the babies pictured on this page was borne by a mother with a *documented* previous history of true habitual abortion, who was treated with DELALUTIN during the pregnancy leading to this birth

LIVING PROOF OF FETAL SALVAGE WITH

# DELALUTIN

SQUIBB HYDROXYPROGESTERONE CAPROATE

**Improved Progestational Therapy**



Garden City, N. Y.



Skokie, Ill.



Denver, Colo.



Denver, Colo.



No. Massapequa, L. I., N. Y.



Lincolnwood, Ill.



Roselle, Ill.



Seaford, N. Y.



Hartford, Conn.



East Williston, N. Y.



Norwich, Vt.

DELALUTIN offers these advantages over other progestational agents

• long-acting sustained therapy • more effective in producing and maintaining a completely matured secretory endometrium • no androgenic effect • more concentrated solution requiring injection of less vehicle • unusually well-tolerated, even in large doses • fewer injections required • low viscosity makes administration easy

Complete information on administration and dosage is supplied in the package insert

*Supply:* Vials of 2 and 10 cc., each containing 125 mg. of hydroxyprogesterone caproate in benzyl benzoate and sesame oil.

**SQUIBB** *Squibb Quality - The Priceless Ingredient*

"DELALUTIN"® IS A SQUIBB TRADEMARK

# misca



A "localized capillary syndrome, associated with hemorrhage... actually serves to signal the threat of abortion."[1]

Correction of abnormal capillary fragility "decreases the possibility of retroplacental hemorrhage, or enhances the efficacy of established therapeutic regimes."[4]

C.V.P. helps to diminish abnormal capillary permeability, fragility and hemorrhage by acting to maintain and restore the integrity of placental capillaries.

Each C.V.P. capsule or each 5 cc. of syrup provides:

Citrus Bioflavonoid Comp. . 100 mg.
Ascorbic Acid (vitamin C) . 100 mg.

Bottles of 100, 500 and 1000 capsules; 4 oz., 16 oz. and gallon syrup.

**duo-C.V.P.** (double strength) provides in each capsule 200 mg. of citrus bioflavonoid compound and 200 mg. of ascorbic acid.

**references:** 1. Taylor, F. A.: West. J. Surg., Obstet. & Gynec. 64:280, 1956. 2. Ainslie, W. H.: Obstet. & Gynec. 13:185, 1959. 3. Pearse, H. A., and Trisler, J. D.: Clin. Med. 4:1081, 1957. 4. Greenblatt, H. B.: Obstet. & Gynec. 2:530, 1953.

XUM

# arriage...

## *or carriage?*

*in threatened or habitual aborters*
*...3 out of every 4 given CVP or duo-CVP*
*had live healthy babies*[1,2,3]

**CVP®**

**the exclusive water-soluble citrus bioflavonoid compound with ascorbic acid**

Samples and literature from

**U. S. vitamin & pharmaceutical corporation**
Arlington-Funk Laboratories, division
250 East 43rd Street, New York 17, New York


XUM

ence could doubt that the gland doctor had nerve.

"Two days later the board revoked his license."

After that, he simply handed his scalpel to hirelings. Carson says, "The hospital was running wide open. Meanwhile, Doctor's radio license was in peril." He besieged Washington with a Pullman carload of devotees, a huge bundle of petitions from radio fans, and 1,400 affidavits from patients. Nevertheless, the Federal Radio Commission revoked the license. Through this test case, Carson points out, Brinkley inadvertently helped establish the principle that radio programming must be in the public interest.

Then, while his attorneys appealed the ruling, the sex magician of Milford set out to capture the governorship of Kansas. A new battle cry was born: "Let's pasture the goats on the statehouse lawn!" His whirlwind campaign, according to Carson, was "one of the weirdest and wildest"—with platform to match. He stressed "free medicine for the poor, free clinics, and old-age assistance." Not to mention free spelling lessons.

Since he started too late to get his name on the printed ballot, it had to be written in. Carson portrays the candidate as "flying up and down the state in his private plane, leading mass meetings in a B-r-i-n-k-l-e-y yell as a device to teach his followers how to spell his name.

"Where he outdid his rivals was in his ability to put on a good show. Before he arrived at a rally, his radio entertainers gave a vaudeville entertainment. Just at dusk, Brinkley sailed in in his big blue plane. It is difficult a generation later to recall the theatrical effect the goat-gland messiah produced as he descended from the heavens.

"Election Day in 1930 was fair, mild, and pleasant, with Dr. Brinkley laboring at his microphone from milking time on." Results? "He estimated that he had received 239,000 votes. Thousands were rejected because the name was spelled wrong. Thousands were marked simply 'Doc.' Despite all finagling, 183,000 got past the officials. The Democratic candidate squeaked in ahead with 217,000



XUM

weight kept down by diet—nutrition kept up by

NATABEC®

vitamin-mineral combination

KAPSEALS®

By supplementing the diet, NATABEC helps the gravida and nursing mother meet the nutritional demands of pregnancy and lactation. Each Kapseal provides a balanced formula of vitamins and minerals important to the maintenance of optimum health. **Dosage:** One or more Kapseals daily. **Supplied:** Natabec Kapseals are available in bottles of 100 and 1000.

**PARKE, DAVIS & COMPANY** - DETROIT 32, MICHIGAN

PARKE-DAVIS






Patient: F. E., age 27, lost 21 lbs. in 15¼ weeks on 1,000 calories daily and Didrex




Patient: H. H., age 37, lost 14.5 lbs. in 9½ weeks on 1,000 calories daily and Didrex




Patient: A. P., age 34, lost 18.5 lbs. in 11½ weeks on 1,000 calories daily and Didrex

UPJOHN ANNOUNCES



HELPS TAKE WEIGHT OFF PERSISTENTLY

# Didrex

XUM




Patient: L. M., age 29, lost 20.5 lbs. in 9½ weeks on 1,000 calories daily and Didrex




Patient: P. M., age 41, lost 10.5 lbs. in 7¼ weeks on 1,000 calories daily and Didrex




Patient: J. A. H., age 15, lost 17 lbs. in 26 weeks on 1,000 calories daily and Didrex

in obesity management

# PERSISTENT WEIGHT LOSS WEEK AFTER WEEK

Put it to your patient this way: The basic therapeutic objective of obesity management is to change dietary habits built over months or years of weight accumulation. This takes time and will. Consider Didrex, the new Upjohn appetite suppressant. Happily, it elevates mood which makes dieting more acceptable. More important, it works: "persistent significant weight loss" in patients followed for as long as 20 weeks. Added to your favorite reducing regimen, ½ to 1 Didrex tablet one to three times daily is usually adequate to preclude the "weight plateau" that so often discourages dieters after a few weeks. Available as 50 mg. tablets in bottles of 100.

**Upjohn** The Upjohn Company, Kalamazoo, Michigan

Photos and case histories courtesy Dr. Alan S. Rubinstein, Springfield, Illinois
*Trademark – brand of benzphetamine hydrochloride, UPJOHN

## BRIEF BASIC INFORMATION

**Description:** Didrex is the Upjohn brand of benzphetamine hydrochloride [(+)-N-benzyl-N,α-dimethyl-phenethylamine hydrochloride]. A sympathomimetic compound with marked anorexic action and relatively little stimulating effect on the CNS or cardiovascular system.

**Indications:** Control of obesity.

**Contraindications:** None known. However, use with caution in moderate or severe hypertension, thyrotoxicosis, acute coronary disease, or cardiac decompensation.

**Dosage:** Initiate appetite control with ½ or 1 tablet (25 to 50 mg.) in mid-morning for several days. Then adjust dosage to suit each patient's need to a maximum of 3 tablets daily (150 mg.).

**Side Effects:** No effects on blood, urine, renal or hepatic functions have been noted. Minimal side effects, similar to those reported from placebos, have been observed occasionally: dry mouth, insomnia, nausea, palpitations and nervousness.

**Supplied:** 50 mg., press-coated, scored tablets, bottles of 100.

XUM




# B-D MULTIFIT

**Interchangeable Syringe**

cuts breakage, replacement costs and assembly time—every plunger fits every clear glass barrel

## FOR GREATER ECONOMY... MAXIMUM SAFETY

# B-D YALE

**Sterile Disposable Needle**

provides greater safety through new design features – sharper points, tamper-proof packages, protective sheaths, sure-grasp hubs

a B-D DISCARDIT product

B-D

BECTON, DICKINSON AND COMPANY

RUTHERFORD, NEW JERSEY

B-D, YALE, DISCARDIT and MULTIFIT are trademarks

votes. But regardless of how they felt about Doctor, political experts admitted privately that if his name had been on the ballot, he would have finished in first place."

On top of losing the election, he lost his appeal to keep KFKB. Kansas began to quiet down. But the irrepressible Brinkley popped up again in Mexico. The run-around he had invented this time was border radio.

His bold new station XER sprang up just across the Rio Grande from Del Rio, Texas. He phoned his broadcasts in from Milford over a private wire leased for $10,000 a month.

"Money never was his problem," Carson comments. "When he was ordering the gigantic radio tubes for his station, Doctor asked how much they would cost. 'Thirty-six thousand dollars,' the engineers said. He reached into his pants pocket for his bankroll, peeled off thirty-six $1,000 bills, and handed them over."

"The Mexicans allowed XER to become the world's most powerful station," says Carson. It muscled in on wave lengths of stations from Atlanta to Montreal, peddling pecan candy, opals, and dream books along with Medical Question Box prescriptions. When American officials blocked his telephoning dodge, he pioneered in transcribing broadcasts on records. When Mexican officials objected, they received a visit from outgoing Vice President of the United States Charles Curtis. Brinkley had bounced back brassier than ever.

"It was scarcely a surprise, then," Carson says, "when he announced he was entering the 1932 race for the governorship, again as an independent." His campaign impressed William Allen White, of the Emporia Gazette, as "the old patent-medicine man selling his bottles of political cure-all to the sick and suffering at new low prices."

Brinkley lost again, but he jogged the nation. Splitting the Democratic vote, he brought defeat to Harry Woodring, who moved on to the cabinet of Franklin D. Roosevelt. Victory went instead to Republican Alfred Landon, making him eli-

gible to race against Roosevelt later.

It was not defeat that wiped the gland racketeer off the Kansas scene. It was competition. Two of his stand-in surgeons at Milford "decamped with his files, prospect lists, and secretary," Carson says, to set up a cut-rate shop approximately across the street.

"With his paranoiac drive, he found it unendurable. In fury, Doctor razed every evidence of the Brinkley empire; even his own home fell before the bulldozers. A caravan of some thirty families went thataway—to Texas.

"In Del Rio, Dr. Brinkley leased a substantial portion of the Roswell Hotel, dickering for a 'Brinkley Hospital' sign which would make it appear as though the whole building was the hospital." And thus a new headquarters for medical hocus-pocus was activated.

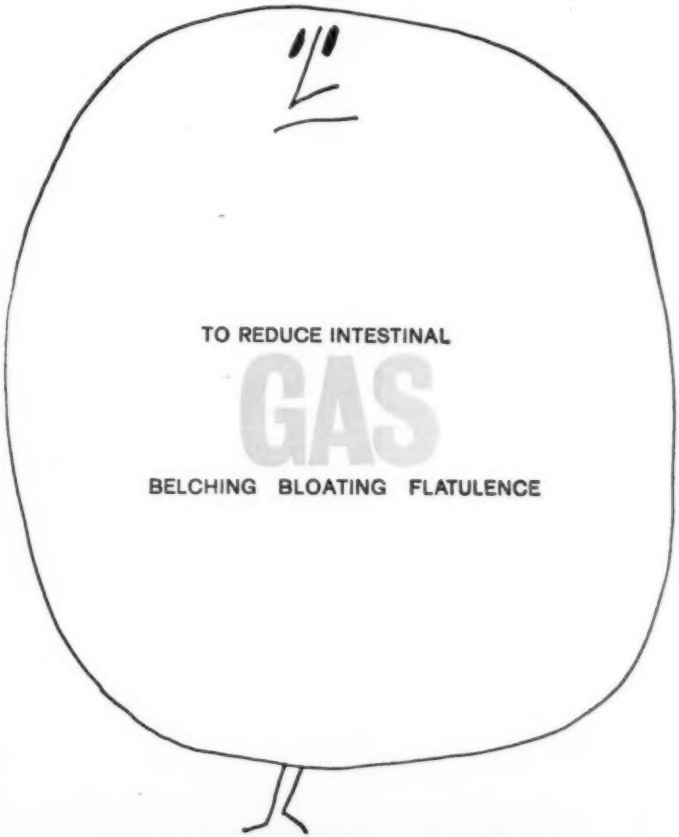
In surgery, at least, he turned over a new leaf: No more goats. "It is one of life's little ironies," Carson muses, "that he was typed till his dying day as the goat-gland man." He did not do the goat-gland operation after he landed in Del Rio except in special cases. His newest-model operation substituted a shot of testosterone in place of the goat's contribution, according to Carson. Goat or no goat, the base cost still was $750. Before long he had a pair of hospitals humming, each with its own Mexican station to plug it on the air.

His publicity calliope now hymned "going to Brinkley" as "a Southern vacation, full of tempting diversions: On the sixth day after your operation, you and your lady would be entertained by Judge and Mrs. John J. Foster in their handsome Italian-style residence." After that, patients were divided into groups of ten. The one who wrote the best postoperative letter completing the sentence, "I consider Dr. Brinkley the world's foremost prostate specialist because . . ." would be given an Oldsmobile free.

Whether or not he ever helped anybody's prostate, the prostate did handsomely by him. "He was loaded," Carson comments,



XUM



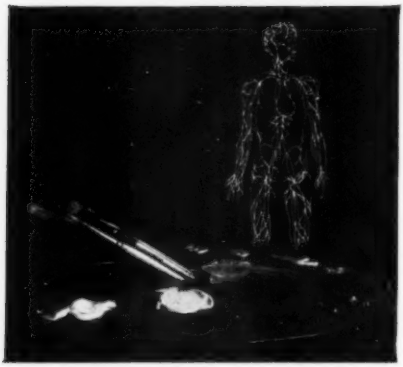

# KANULASE

A biochemical compound used to diminish intestinal gas in healthy persons and those patients having digestive disorders ■ Each Kanulase tablet contains Dorase®, 320 units, combined with pepsin, N.F., 150 mg.; glutamic acid HCl, 200 mg.; pancreatin, N.F., 500 mg.; ox bile extract, 100 mg. Dosage: 1 or 2 tablets at mealtime. Supplied: Bottles of 50 tablets.

®DORSEY BRAND OF CELLULASE, EXPRESSED AS DIGESTIVE ACTIVITY UNITS

SMITH-DORSEY • a division of The Wander Company • Lincoln, Nebraska

*basic to the Art of hypertension management*



**moderil®**
brand of rescinnamine
*a refinement in rauwolfia alkaloid therapy*

*Science for the world's well-being™*

Pfizer

PFIZER LABORATORIES
*Division, Chas. Pfizer & Co., Inc.*
*Brooklyn 6, New York*

*IN BRIEF*

MODERIL is rescinnamine, a purified rauwolfia alkaloid providing the benefits of reserpine with reduced frequency and/or severity of certain reserpine side effects. Rauwolfia has been referred to as the first agent to be tried and the last omitted in antihypertensive therapy. When MODERIL is given with other antihypertensive agents, the latter may often be administered in lower dosage with fewer undesired reactions.

INDICATIONS: Primary therapy in mild to moderate labile hypertension. In more severe cases, as adjunctive therapy with other agents.

ADMINISTRATION AND DOSAGE: Adjust dosage to minimum level for optimal therapeutic effect. Recommended initial dose—one 0.5 mg. tablet twice a day for two weeks. Significant side effects are unusual with MODERIL, but should they occur, reduce dosage to one 0.25 mg. tablet twice daily. When optimal hypotensive effects are obtained during initial period, this same reduced dosage or less may be used. If greater hypotensive effects than those observed during this period are required, cautiously increase dose by 0.25 mg. per day (up to 2.0 mg. per day) and consider combined therapy. Doses should be taken after meals to minimize possible adverse effects of increased gastric secretion.

Initial dosage for children 3-12 years of age is up to 0.25 mg. twice daily for one week. Children should be observed closely and when therapeutic effect is achieved, this dose should be reduced by half, i.e., 0.25 mg. daily.

SIDE EFFECTS: Same type as with reserpine but usually with reduced incidence or severity, e.g., mental depression, bradycardia, nightmares, and fatigue. Nasal stuffiness or congestion may occur but usually disappears with discontinuation of the drug or on use of topical vasoconstrictors or antihistamines. Increased frequency of defecation and/or looseness of stools is an occasional reaction. There have been occasional reports of serious hypotension in persons on *Rauwolfia* compounds who undergo surgery with general or spinal anesthesia. It is suggested that MODERIL be discontinued two weeks before surgery, when feasible, or other appropriate measures be taken.

PRECAUTIONS: Because rauwolfia preparations may increase gastric secretion, MODERIL should be used with caution in patients with a history of peptic ulcer.

SUPPLIED: Yellow, scored, oval tablets of 0.25 mg., bottles of 100 and 500; salmon, scored, oval tablets of 0.5 mg., bottles of 100.

*More detailed professional information available on request.*



**IF YOU'VE EVER HAD A YOUNGSTER** SQUIRM
**AT MEDICINE-TIME, YOU'LL APPRECIATE**

# Erythrocin® ethyl succinate
(ERYTHROMYCIN, ABBOTT)
# Oral Suspension

Maybe taste isn't the most important thing when you're giving an antibiotic. But where children are involved . . . when a dosage schedule is jeopardized because the patient will have none of you, the medicine **or** the persuasion . . . having an elegant suspension like Erythrocin Ethyl Succinate may make a decisive difference in the course of treatment.

The flavor is sweet citrus. **Gone completely is that familiar antibiotic "bitterness"**—a distinct achievement, because erythromycin is inherently a very bitter substance.

At the therapeutic level, effective serum antibacterial activity occurs within 30 minutes, peak concentrations within one hour. And in a high percentage of cases, this bactericidal activity continues to be effective against many staphylococci that resist penicillin and certain other antibiotics.

Dosage for infants and little children is 30 mg./Kg./day. For older children and adults, 1 to 2 Gm. daily, depending on severity of infection. Each tasty teaspoonful represents 200 mg. of erythromycin activity.

citrus-flavored
stable
ready-mixed



ABBOTT

"and he frankly enjoyed being Westchester-rich. He accumulated about a dozen Cadillacs; he never could remember the exact number." His favorite, which was a custom-built job of fire-engine red with a gold-plated radiator cap, had his name on it in thirteen places.

In Texas, the lone-wolf sex-surgeon changed into a sociable philanthropist. His largesse ranged from typewriters and desks for the high school to $25,000 for a Dr. Brinkley Public Library. What was he after?

He was elected president of the Rotary Club. (Del Rio Rotary was in the doghouse with national officers for a while.) And who else should go as Del Rio delegate to the 1937 international convention of Rotary Clubs at Nice? Thereafter, Carson points out, the prostate king "assumed more and more the character of a public figure. His Sunday night radio talks were devoted to international politics, with a strong isolationist slant.

"In Kansas, the newspaper Publicity saluted Doc's 'wonderful campaign against war.' And then the editor let the cat out of the bag: Dr. Brinkley would be 'a real choice for the Republican party to nominate for President in 1940.' Mrs. Brinkley leaked the information that her husband had received 500,000 unsolicited letters urging him to run in 1940.

"This was all Doctor's doing, of course." What he really wanted to buy with his muddled-medicine millions was the Presidency.

It was embarrassing, therefore, when Dr. Fishbein renewed his editorial attentions. Hygeia Magazine stated flatly: "In John Richard Brinkley, quackery reaches its apotheosis." Brinkley filed a libel suit against Dr. Fishbein for $250,000.

"It was generally recognized that the money angle was not paramount," Carson says. Plaintiff would welcome a one-cent verdict—and vindication. Ambition goaded him into letting a libel suit at last come to court.

"The case was tried in Del Rio. People shared Dr. Brinkley's view that he was being persecuted by the mammoth A.M.A. for shabby reasons con-

# 15% reduction

## IN COST TO YOUR PATIENTS

3rd Big Price Reduction Since Product Release*

- extends benefits to more patients at LOWER COST
- treats tineas effectively and MORE ECONOMICALLY

THE ORAL ROUTE TO RINGWORM THERAPY CONTROL

fulvicin®

GRISEOFULVIN

AVAILABLE AS 250 AND 500 MG. TABLETS

*Since introduction, Schering Corporation has reduced the price of FULVICIN by an initial 20%, later by 15% and now is effecting an additional 15% reduction.

SCHERING CORPORATION • BLOOMFIELD, NEW JERSEY

Schering

nected with jealousy and economic competition." But Brinkley was forced to concede "that the goat-gland advertising was deceptive. The literature stated that the gland operation was a true graft. On the stand, Brinkley was forced to admit that it was not."

Of course he lost the case. And of course his lawyers appealed. Carson quotes from the decision of the U.S. Circuit Court of Appeals: "We think the facts are sufficient to support a reasonable and honest opinion that plaintiff should be considered a charlatan and quack." Further review was denied by the Supreme Court.

Retribution was closing in fast. Already cut-rate competition had undermined the prostate quack at Del Rio, as at Milford earlier. Again he had pulled up stakes and moved, this time to Arkansas.

"At Little Rock, Brinkley set up two hospitals," Carson tells. "But he never became the Big I Am in Little Rock. He hardly had time to savor being listed among the guests at a reception at the White House in 1940 when the roof fell in on him."

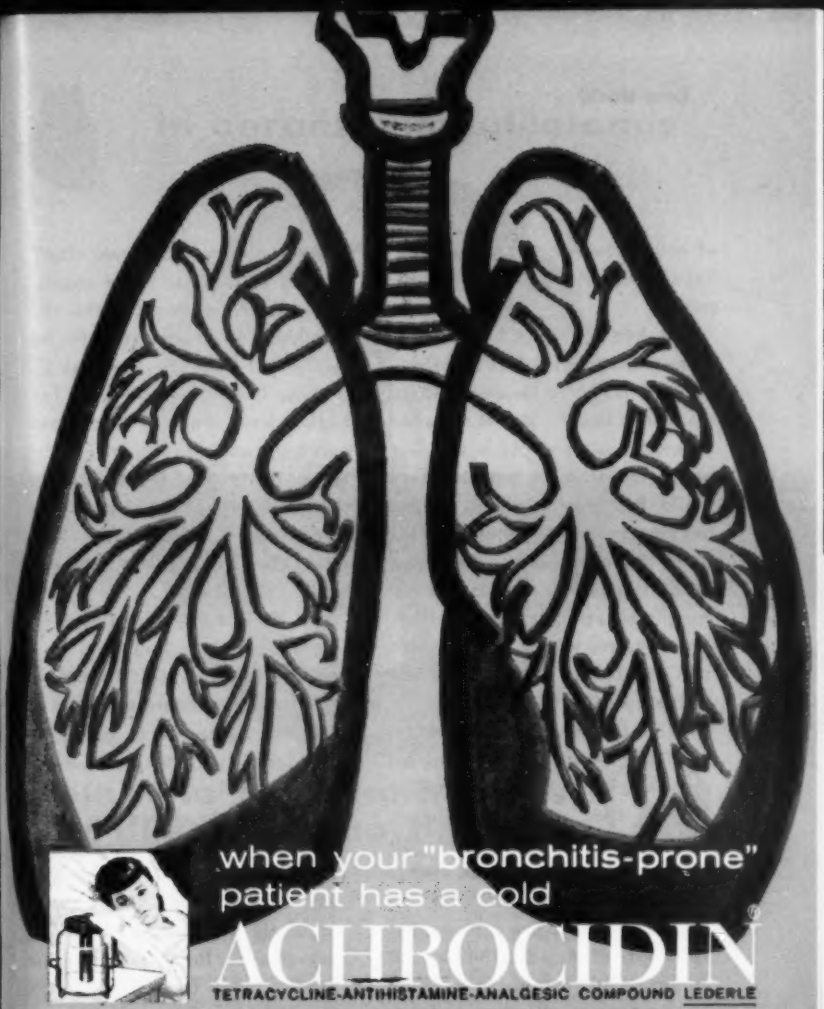
He went broke. Legally branded a quack, he was swamped with malpractice suits, and his practice washed away. "More than a dozen suits were instituted in 1940," says Carson. The liability total went on up toward $2,000,000 while "income dwindled to nothing." A claim for $200,000 in back taxes, including disallowed income tax deductions, was the last straw.

"Finally," Carson reports, "Doctor cleaned up premiums on some $365,000 in life insurance policies. He then went voluntarily into court. On January 31, 1941, Dr. John R. Brinkley was declared bankrupt."

Throughout bankruptcy proceedings, he evaded questions about ownership of the profitable station XER, renamed XERA. It was going full blast. "But the coup de grace came. XERA lost its license, effective March 29, 1941. Doc rushed off to Mexico City himself to try to renew the 'fix.' A few days later he suffered a heart attack, due, it was said, to the high altitude. What seems most likely is that twenty years of living on a kind



XUM



when your "bronchitis-prone" patient has a cold

# ACHROCIDIN®

TETRACYCLINE-ANTIHISTAMINE-ANALGESIC COMPOUND LEDERLE

You probably have patients who tend to develop recurrent BRONCHITIS —or other bacterial sequelae, such as adenitis, otitis, tonsillitis, pneumonitis or sinusitis—after u.r.i. Help prevent recurrence and relieve common cold symptoms with ACHROCIDIN. ☐ **Each Coated Tablet contains:** ACHROMYCIN® Tetracycline HCl, 125 mg.; phenacetin, 120 mg.; caffeine, 30 mg.; salicylamide, 150 mg.; chlorothen citrate, 25 mg. ☐ **Usual adult dosage:** 2 tablets q.i.d. ☐ **Also available:** Syrup, caffeine-free (lemon-lime flavored).

**Precautions:** The use of antibiotics occasionally may result in overgrowth of nonsusceptible organisms. The antihistamine component may cause drowsiness.

LEDERLE LABORATORIES, a Division of AMERICAN CYANAMID COMPANY, Pearl River, N. Y.

of roller coaster, litigation, and brinkmanship were sufficient causes.

"In August, a clot blocked the large artery in the left leg. Doctor was taken to Research Hospital in Kansas City. It became necessary to amputate the leg above the knee. A month later, while Brinkley was still under oxygen treatment following two more heart attacks, the Post Office Department at last filed a complaint against him. A Federal fugitive warrant for his arrest was served on him as he lay in his hospital bed.

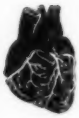
"Doctor was permitted to leave the hospital, proceeding by ambulance and train to Del Rio. During that winter the heart blockage, a kidney ailment, and incomplete healing of the amputated leg all indicated that the end was near. In the early morning hours of May 26, 1942, death came easily to him, as a nurse raised him to give him a drink of water."

The man who assured millions he could renew youth and prolong life died at 56.

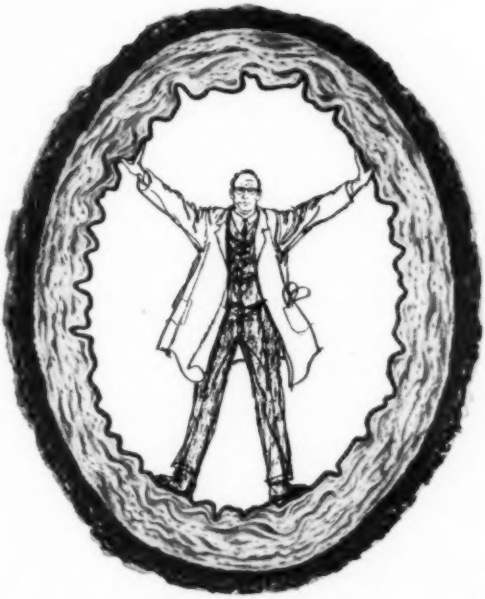
Could some future faker build an equally successful empire in defiance of American medicine? Carson doubts it. "The conditions that produced John R. Brinkley are not likely to be duplicated exactly. Medical licensing boards operate on a far higher level. The anything-goes epoch in radio called forth regulatory controls. Advertisers are subject to a tightened-up Food, Drug, and Cosmetic Act. The Post Office Department is tougher."

Dr. Fishbein put his finger on the vital factor, however, in a rueful tribute to Brinkley: "Centuries to come may never produce again such blatancy, such fertility of imagination, or such ego."

Even so, the dupes are ready and waiting, has warned William Allen White: "About 20 per cent of the population is permanently gullible, any time, in any place." But his sage conclusion is, as Carson quotes it, that it may be "better to put up with a Brinkley once in a while than to live in a society where the people were denied 'the blessed and educative privilege' of making their own mistakes." END



## in coronary insufficiency



## Metamine® Sustained* helps you dilate the coronaries




METAMINE SUSTAINED (triethanolamine trinitrate biphosphate, 10 mg., in a unique sustained-release tablet) is a potent and exceptionally well tolerated coronary vasodilator. Pharmacological studies at McGill University demonstrated that METAMINE "exerts a more prolonged and as good, if not slightly better coronary vasodilator action than nitroglycerin . . . "[1] Work at the Pasteur Institute established that METAMINE exerts considerably less depressor effect than does nitroglycerin.[2] Virtually free from nitrate side effects (nausea, headache, hypotension), METAMINE SUSTAINED protects many patients refractory to other cardiac nitrates,[3] and, given b.i.d., is ideal medication for the patient with coronary insufficiency. Bottles of 50 and 500 tablets. Also: METAMINE, METAMINE WITH BUTABARBITAL, METAMINE WITH BUTABARBITAL SUSTAINED, METAMINE SUSTAINED WITH RESERPINE.

1. Melville, K. I., and Lu, F. C.: Canadian M.A.J., *65*:11, 1951. 2. Bovet, D., and Nitti-Bovet, F.: Arch Internat. de pharmacodyn. et therap., *83*:367, 1946. 3. Fuller, H. L., and Kassel, L. E.: Antibiotic Med. & Clin. Therapy, *3*:322, 1956.

*Thos. Leeming & Co. Inc.* New York 17, N.Y. *Patent applied for

### 'Of-the-month' clubs offer offbeat gift ideas

You and your family may have discovered that the well-established book and record clubs are time- and money-savers—if your tastes are fairly typical. Now, for those with more special tastes, newer "of-the-month" clubs send practically anything you can name. They're worth investigating if you're looking for (1) a family gift that lasts all year, or (2) something different for a colleague. Some club specialties:

¶ Imported gifts such as hand-carved German clocks and Danish ceramics, mailed monthly from overseas.

¶ One-a-month home designs by top architects. By ordering blueprints of any one you like, you can save architects' fees.

¶ Tickets to Broadway and off-Broadway shows.

¶ A monthly selection of cheeses and exotic foods.

¶ And the inevitable: a book club for those who don't like book clubs. All the choices are strictly non-best-sellers. END



*to encourage colonic peristalsis without whipping the bowel*

# DORBANE



## DORBANTYL



## DORBANTYL FORTE



The active principle of Dorbane reaches the colon through the circulation. It acts directly and selectively upon the intrinsic plexus of the colon. The small bowel is not affected. Within 6 to 12 hours evacuation occurs without cramping or griping. Non-habituating. Each scored tablet of Dorbane contains 75 mg., and each teaspoonful of orange-flavored liquid contains 37.5 mg. of 1,8 dihydroxyanthraquinone. Suitable for patients of all ages.

Dorbantyl combines the colonic stimulant action of Dorbane (25 mg.) with the stool-softening effect of dioctyl sodium sulfosuccinate (50 mg.), an inert and safe surface-wetting agent, in each orange-and-black capsule or teaspoonful of orange-pineapple-flavored suspension.

Dorbantyl Forte offers double strength dosage of the Dorbantyl combination for greater convenience and economy for patients requiring extra potency. In orange-and-gray capsules only.

Riker

Northridge, California

when your patient's situation is this:

**caloric intake** | **caloric output**





you can change it to this:

**caloric intake** | **caloric output**





in obesity... economical

# PHANTOS

DAY-LONG ACTION CAPSULES

PHANTOS unique "timed release" capsules contain all the appetite control ingredients needed for successful dieting. Sustained release throughout the day makes it easier for your patients to adhere to low or moderate calorie diets.

Each PHANTOS capsule, taken on arising, provides:

| | | |
|---|---|---|
| IMMEDIATE RELEASE |  | Amphetamine sulfate ..... 5 mg.<br>Thyroid ..... ½ gr.<br>Atropine sulfate ..... 1/360 gr.<br>Aloin ..... ¼ gr. |
| INTERMEDIATE RELEASE |  | Amphetamine sulfate ..... 5 mg.<br>Thyroid ..... ½ gr.<br>Atropine sulfate ..... 1/360 gr. |
| FINAL RELEASE |  | Amphetamine sulfate ..... 5 mg.<br>Thyroid ..... ½ gr.<br>Phenobarbital (WARNING: MAY BE HABIT-FORMING) .... ¼ gr. |

Your obese patients, taking PHANTOS, get:

- day-long appetite suppression
- day-long mood elevation
- gentle morning laxation
- mild evening sedation

SUPPLIED: PHANTOS, red and yellow capsules, bottles of 30, 250 and 500. PHANTOS-10 (two-thirds strength for those who can be managed on lower dosage), bottles of 30 and 250.

COOPER, TINSLEY LABORATORIES, INC., HARRISON, NEW JERSEY

# Index of advertisers

*Medical Economics, December 5, 1960*

*Page number in parenthesis refers to product listings in Physicians' Desk Reference or supplement published by* MEDICAL ECONOMICS, INC.


**Abbott Laboratories**
Enduron ..... 49, 50, 51, 52
Erythrocin Suspension (*PDR 606*) ..... 286, 287
**Ames Company, Inc.**
Uristix (*PDR 617*) ..... 68
**Armour Pharmaceutical Company**
Chymoral (*PDR Supp.*) ..... 193
**Arnar-Stone Laboratories**
Americaine Topical Anesthetic Ointment and Aerosol (*PDR 623*) ..... 22
**Ayerst Laboratories**
"Thiosulfil" Forte (*PDR Supp.*) .. Insert between 268, 269

**Becton, Dickinson & Co.**
B-D Multifit Interchangeable Syringe
B-D Yale Steri-le Disposable Needle ... 280
**Birtcher Corp., The**
Hyfrecator ..... 219
**Breon & Co., Geo. A.,**
Diaparene (*PDR 637*) ..... 44
**Bristol Laboratories**
Tetrex Capsules ..... 8
**Burdick Corporation, The**
MF-49 Universal Diathermy ..... 117
**Burroughs Wellcome & Co., Inc.**
"Fedrazil" Tablets (*PDR 747*) ..... 21

**Cereal Institute**
Cereal ..... 16
**Chemico Labs., Inc.**
Symposium on the Treatment of Viral Diseases ..... 123
**Ciba Pharmaceutical Products, Inc.**
Doriden (*PDR 654*) ..... 175
Esidrix-K (*PDR Supp.*) ..... 23
Otrivin (*PDR 657*) ..... 257
Ser-Ap-Es (*PDR Supp.*) ..... 186, 187
Serpasil-Apresoline (*PDR 659*) ..... 167
**Colwell Company, The**
Daily Log ..... 122
**Cooper, Tinsley Laboratories**
Phantos and Phantos-10 (*PDR 662*) .. 296

**Desitin Chemical Company**
Desitin Ointment ..... 178

**Eaton Laboratories**
Furadantin (*PDR 671*) ..... 212, 213
**Erdman & Associates, Inc., Marshall**
Custom Manufactured Medical Buildings ..... 72

**Fleet Co., Inc., C. B.,**
Fleet Enema Pediatric (*PDR 675*) .... 99
Phospho-Soda (*PDR 675*) ..... 98
**Florida Citrus Commission**
Orange Juice ..... 69
**Fuller Pharmaceutical Company**
Tucks (*PDR 677*) ..... 17

**Geigy Pharmaceuticals**
Prelu-Vite (*PDR Supp.*) ..... 30
**General Electric Company, X-Ray Dept.**
200-ma Patrician ..... 120
**Gerber Products Company**
Baby Cereals ..... 91
Modilac ..... 90

**Kinney Company**
Chel-Iron (*PDR 688*) ..... 89
**Knoll Pharmaceutical Company**
Dilaudid (*PDR 689*) ..... 211

**Lederle Laboratories**
Achrocidin (*PDR 693*) ..... 291
Aristocort (*PDR 694, 695*) ..... 80, 81
Declomycin (*PDR 695*) 151, 152, 153, 154
Declostatin (*PDR Supp.*) .... 24, 74, 225
Filibon (*PDR 697*) ..... 139
Gevral Capsules (*PDR 697*) ..... 66
Vi-Tyke (*PDR 704*) ..... 20, 53, 96, 121
**Leeming & Co., Inc., Thos.,**
Ben-Gay ..... 97
Metamine Sustained (*PDR 704*) ..... 293
**Lloyd Brothers, Inc.**
Doxidan (*PDR 719*) ..... 155
Surfak (*PDR 720*) ..... 192
**Lorillard Company, P.,**
Kent Cigarettes ..... 263

**McNeil Laboratories, Inc.**
Butibel (*PDR 726*) ..... 116
Butisol Sodium (*PDR 727*) ..... 146
Paraflex (*PDR 728*) ..... 10
Triurate (*PDR Supp.*) ..... 299
**Maltbie Laboratories**
Dornwall (*PDR Supp.*) ..... 194, 195
**Medical Protective Company, The**
Professional Liability Individual Insurance ..... 56
**Merck, Sharp & Dohme**
Decadron (*PDR 735*) ..... IBC
Diuril (*PDR 735*) ..... 156, 157
Diupres (*PDR 735*) ..... 34, 35
Neo-Hydeltrasol Nasal Spray (*PDR 740*) ..... 181
Striatran (*PDR Supp.*) ..... 201
**Merrell Company, The Wm. S.,**
Alertonic (*PDR 732*) ..... IFC
Mer/29 (*PDR Supp.*) ..... 86, 87
**Minnesota Mining & Mfg. Co.**
Scotch Surgical Tape Microporous (No. 530) ..... 251, 252, 253
**Mulford Colloid Laboratories**
Anergex (*PDR 747*) ..... 115

## ...Index of advertisers


**Parke, Davis & Company**
Abdec Kapseals (*PDR 757*) .....235
Adroyd .....6
Ambenyl Expectorant (*PDR 758*) 130, 131
Chloromycetin (*PDR 759*) .....196, 197
Myadec (*PDR 672*) .....93
Natabec Kapseals (*PDR 762*) .....277
Norlutin (*PDR 762*) .....144, 145

**Pfizer Laboratories**
Ataraxoid (*PDR 767*) .....94, 95
Bonine (*PDR 767*) .....47
Cosa-Signemycin (*PDR 768*) ...106, 107
Cosa-Terrabon (*PDR 768*) .....171
Insert between 170, 171
Diabinese (*PDR 768*) .....36, 37
Moderil (*PDR 769*) .....284, 285
Terra-Cortril Topical Ointment (*PDR 770*) .....138, 139
Vistaril (*PDR 772*) .....246, 247

**Phillips Co., The Chas. H.,**
Haley's M-O .....12

**Physicians' Desk Reference** .....160, 161

**Pitman-Moore Company**
Novahistine LP .....227

**Riker Laboratories, Inc.**
Dorbane, Dorbantyl, Dorbantyl Forte .....295
ULO Syrup .....228, 229

**Ritter Company, Inc., The**
BasalMeter, Castle Blueline Dry-Heat Sterilizer, Castle 777 SpeedClave .....207

**Robins Company, Inc., A. H.,**
Albee with C (*PDR 874*) .....33
Dimetane (*PDR 785*) .....165
NaClex .....204, 205
Phenaphen or Phenaphen with Codeine (*PDR 786*) .....148, 149
Robitussin, Robitussin A-C (*PDR 787*) .....55

**Roche Laboratories**
Romilar CF (*PDR 793*) 122, 135, 174, 192, 210, 236

**Roerig &Co., Inc., J. B.,**
Atarax (*PDR 705*) .....78, 79

**Rorer, Inc., Wm. H.,**
Ascriptin (*PDR 798*) .....190
Maalox (*PDR 798*) .....216, 217

**Roussel Corporation**
Pro-Duosterone (*PDR 799*) .....147

**Sanborn Company**
Mobile Electrocardiograph .....223

**Sandoz Pharmaceuticals**
Cafergot (*PDR 801*) .....209
Mellaril (*PDR 802 & Supp.*) ....136, 137
Plexonal (*PDR 803*) .....62, 63

**Schering Corporation**
Alpen (*PDR Supp.*) .....203
Fulvicin (*PDR Supp.*) .....289
Meti-Derm Aerosol (*PDR 806*) .....245
Naqua (*PDR Supp.*) .....83

**Scholl Mfg. Co., Inc., The**
Double Seal Porous Adhesive Tape ....103

**Searle & Co., G. D.,**
Lomotil (*PDR Supp.*) .....266, 267
Pro-Banthine with Dartal (*PDR 811*) .....108, 109

**Sherman Laboratories**
Elixophyllin Oral Liquid (*PDR 812*)...5

**Smith-Dorsey**
Kanulase (*PDR Supp.*) .....283
Tain .....43, 261
Tussaminic Expectorant .....100, 101

**Smith, Kline & French Labs.**
Ornade (*PDR Supp.*) .....BC

**Squibb & Sons, E. R.,**
Delalutin (*PDR 826*) .....273
Kenalog, Kenalog-S (*PDR Supp.*) .....59

**Tampax Incorporated**
Tampax .....189

**U.S. Brewers Foundation Incorporation**
Diabetic Diet .....169

**U.S. Vitamin & Pharmaceutical Corporation**
C.V.P., duo-C.V.P. (*PDR 849*) .....274, 275

**Upjohn Company, The**
Cytran (*PDR Supp.*) .....258, 259
Didrex .....278, 279
Medaprin (*PDR 860*) .....119
Medrol (*PDR Supp.*) .....135
Panalba (*PDR 863*) .....230, 231
Panalba-KM Granules (*PDR 863*) ....61
Veriderm Medrol (*PDR Supp.*) .....265

**Wallace Laboratories**
Deprol (*PDR 870*) .....176, 177
Meprospan-400 (*PDR Supp.*) .....255
Milpath (*PDR 870*) .....18
Milprem (*PDR 870*) .....57
Miltown (*PDR 870*) .....70, 71
Miluretic .....270, 271
Soma (*PDR 871*) .....220, 221
Soma Compound, Soma Compound + Codeine .....124, 125
Somacort (*PDR Supp.*) .....248

**Warner-Chilcott Laboratories**
Anusol, Anusol-HC, Biomydrin (*PDR 872*) .....73
Tedral (*PDR 874*) .....77

**Warren-Teed Products Company, The**
Modane (*PDR 875*) .....25

**Welch Allyn, Inc.**
Professional Gift .....218

**Westwood Pharmaceuticals**
Fostex (*PDR 877*) .....64

**Whitehall Laboratories**
Anacin .....3

**Winthrop Laboratories**
NTZ Nasal Spray (*PDR 883*) .....14
Trancopal (*PDR 883*) .....237
Insert between 236, 237




XUM



## THE FIRST COMPREHENSIVE MEDICATION FOR CHRONIC GOUT AND GOUTY ARTHRITIS

**NEW**

# Triurate®

**combines 3 superior agents in 1 tablet:**

**Zoxazolamine†, 100 mg.:** the most potent uricosuric agent available[1-3]—yet exhibits minimal side effects.[4] Facilitates resorption of tophi...relieves chronic joint pain...helps restore mobility.

**0.5 mg.:** the time-tested specific for gout—most effective in preventing acute attacks.[1,5,6]

**Acetaminophen, 300 mg.:** the effective analgesic which does not interfere with uricosuric action.[7,8]

**Average Dose:** One tablet t.i.d. after meals.

**Supplied:** Scored, beige tablets, imprinted McNEIL, bottles of 50.
Literature on method of administration and dosage available on request.

(1) Boland, E. W.: World-Wide Abstracts 3:11, 1960. (2) Talbott, J. H.: Arth. & Rheumat. 2:182, 1959. (3) Burns, J. J.; Yü, T. F.; Berger, L., and Gutman, A. B.: Am. J. Med. 25:401, 1958. (4) Kolodny, A. L.: J. Chron. Dis. 11:64, 1960. (5) Beckman, H.: Pharmacology in Clinical Practice, Philadelphia, Saunders, 1952, pp. 515-516. (6) Talbott, J. H.: J. Bone & Joint Surg. 40-A:994, 1958. (7) Connor, T. B.; Carey, T. N.; Davis, T., and Lovice, H.: J. Clin. Invest. 38:997, 1959. (8) Reed, E. B.: Unpublished data.

†U. S. Patent No. 2,890,985

McNEIL LABORATORIES, INC • PHILADELPHIA 32, PA.

343863

XUM

# Memo from the editors

*Medical Economics, December 5, 1960*

### *The most important reading*

How much are your practice-connected costs likely to rise next year? About 10 per cent . . . If you want extra income, are you apt to get more from stocks or from bonds? From stocks, some of which now pay 7 per cent . . . Will you get Social Security in 1961? Not unless Congress is given definitive proof that most M.D.s want it . . .

If any of the above information is new to you, you've been missing out on something. Now take a look at the first four pages in this issue. There you'll find "What's Ahead for You," a series of personal predictions that you won't find anywhere else. Not predictions pulled out of thin air, but solidly researched projections of present trends.

This new department goes far beyond our former "News Briefs." It conveys more than news—fresh information about something that has just happened. It conveys *news significance:* what it'll mean to you. Thus it translates the past into the immediate future, the remote into the highly personal, the abstract into the concretely practical. It's the most important two minutes' worth of reading in MEDICAL ECONOMICS, and it takes two full weeks to prepare.

Over each two-week period, we collect a mountain of raw material: press reports from all over the country, research reports from our own correspondents, exclusive interviews and original studies by our own staff. Then comes the hardest part: sifting out the most meaningful portents for the future. This takes top-level discussions within our office, plus plenty of outside telephoning. Finally our conclusions are capsuled in 550 words on the last day before the presses start to roll.

"What's Ahead" has brought you the first word on almost every significant professional and economic trend of the last three months. It has told you what lawsuits to watch out for, what earnings to expect. Now it'll start telling you something perhaps even more important: what Washington has in store for you. Better follow it closely. It's *your* future. END

# CLINICAL REMISSION
## IN A "PROBLEM" ARTHRITIC

h rheumatoid arthritis with diabetes mellitus. A 54-year-old diabetic ith a four-year history of arthritis was started on DECADRON, 0.75 mg./ ay, to control severe symptoms. After a year of therapy with 0.5 to .5 mg. daily doses of DECADRON, she has had no side effects and dia- etes has not been exacerbated. She is in clinical remission."

w convenient b.i.d. alternate dosage schedule: the degree and extent of relief provided by ECADRON allows for b.i.d. maintenance dosage in many patients with so-called "chronic" condi- ons. Acute manifestations should first be brought under control with a t.i.d. or q.i.d. schedule.

pplied: As 0.75 mg. and 0.5 mg. scored, pentagon-shaped tablets in bottles of 100. Also available injection DECADRON Phosphate. Additional information on DECADRON is available to physicians request. DECADRON is a trademark of Merck & Co., Inc.

om a clinical investigator's report to Merck Sharp & Dohme.

**Decadron**®

dexamethasone

TREATS MORE PATIENTS MORE EFFECTIVELY

MERCK SHARP & DOHME · Division of Merck & Co., INC., West Point, Pa.




XUM

how

ORNADE® SPANSULE®

relieves nasal congestion

all day or all night

in patients with colds

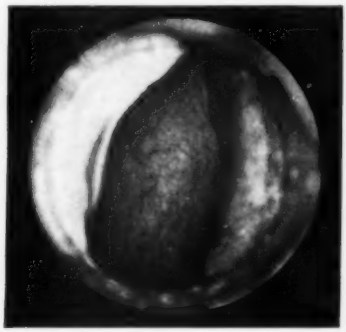
**Before taking 'Ornade'**

Note enlargement of middle turbinate, partially occluding nostril, and moderate erythema of mucous membrane with mucous exudation.



**12 hours after taking 'Ornade'**

Note that patency of airway is maintained. Also, that turbinate has shrunk to small portion at left, revealing posterior surface of septum.



'Ornade' *Spansule* capsules provide prompt relief of nasal congestion and sustain this decongestive effect for as long as 12 hours. 'Ornade' is a unique oral nasal decongestant containing the special drying agent, isopropamide; the decongestant, phenylpropanolamine; the antihistamine, Teldrin® (brand of chlorprophenpyridamine).

*Smith Kline & French Laboratories* SK&F



**le'**
ain-
unk
ling



XUM